

Name  
in  
Full

William Burris

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at **Town**  
**Fruitland**

County  
**Wicomico**

**MARYLAND**

Date of death **1907** Month **July** Day **30** Years **46** Months      Days

Sex **Male** Color or Race **Negro**

Birthplace **Wicomico Co. Md.**

Occupation

Where Residing if not  
at place of death

**Warter**

Married, Single  
or Widowed

Name of Wife or  
Husband

**Lula Burris**

Father's Name

**Milton Burris**

Father's Birthplace

**Maryland**

Mother's Maiden Name

**Charlotte Bailey**

Mother's Birthplace

Name of person giving  
Information

**Tamar Brewington**

How related  
to deceased

**Sister**

CAUSES OF DEATH

**27**

How long

**1 year**

How long

**few months**

Primary

**Pulmonary tuberculosis**

PHYSICIAN  
OR CORONER

Immediate

**African**

Signature of  
Physician

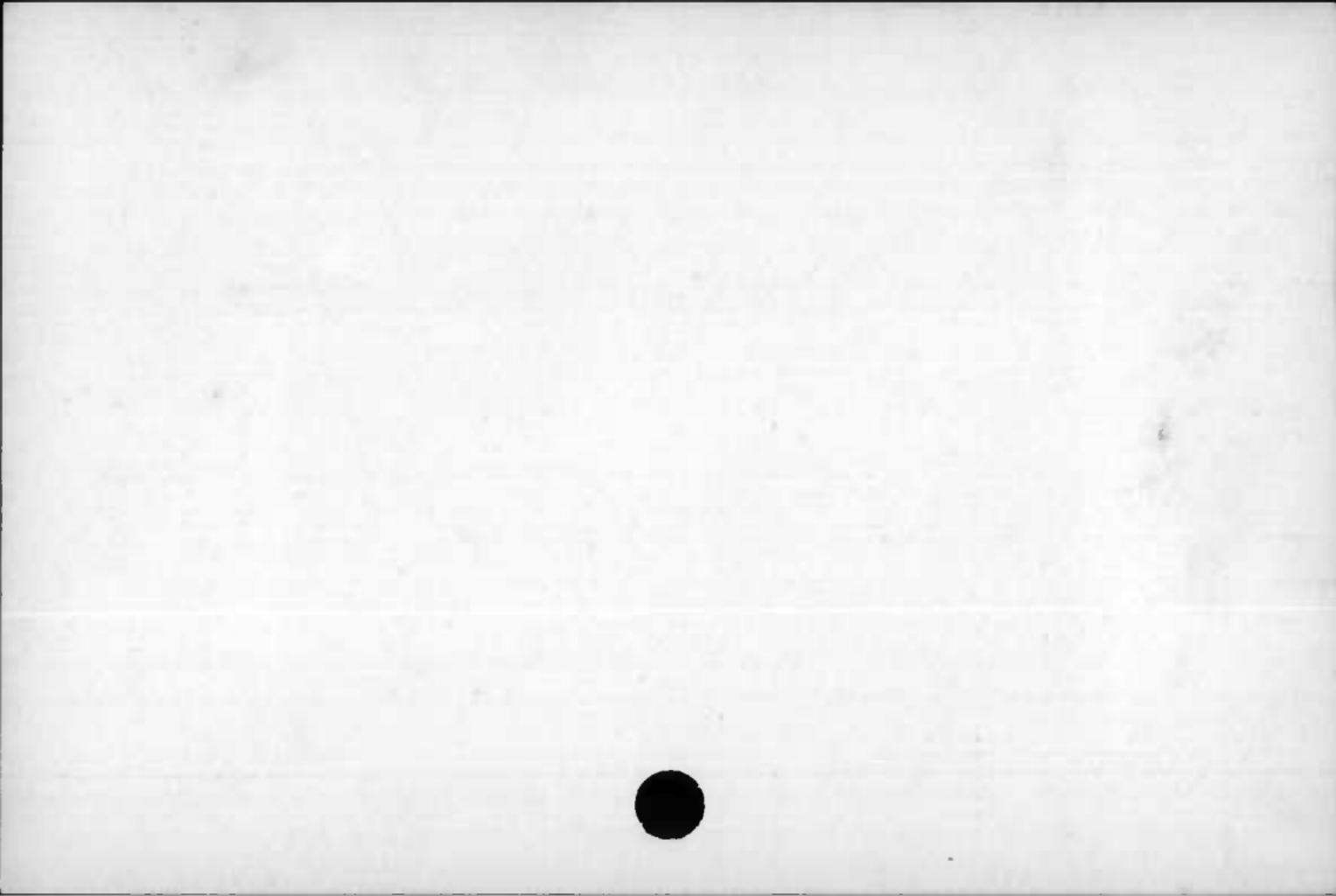
Address

**Govardis  
Salisbury Md**

Are the name, age, sex, color, date  
and place correctly given above?

**Yes**

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Salisbury</u>		Town	County <u>Wicomico</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>July</u>	Day <u>19</u>	Years	Age <u>7</u>	Months	Days <u>16</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>					
Occupation <u>None</u>		Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>	Father's Birthplace <u>Ind</u>					
Father's Name <u>William H. Collins</u>	Mother's Birthplace <u>Ind</u>						
Mother's Maiden Name <u>Amelia Bender</u>	How related deceased						
Name of person giving information <u>Ida Buttingham</u>	61						
CAUSES OF DEATH							
Primary <u>Simple Acute Meningitis</u>	How long <u>12 hours</u>						
Immediate <u>Paralysis respiratory muscles</u>	How long						

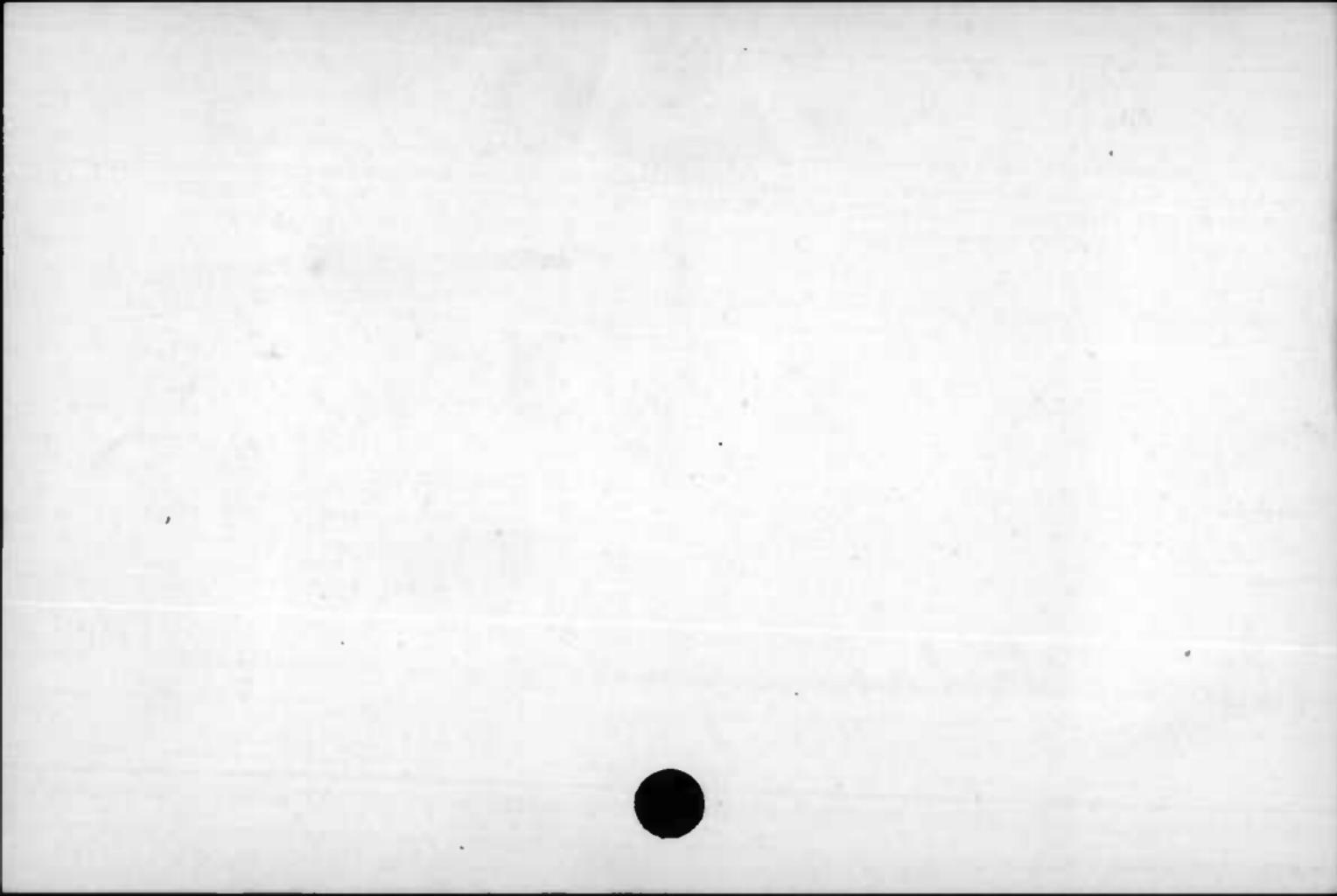
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

De Alton B Potter  
Salisbury Md.

Accident or Suicide?



Name  
in  
Full

William Ernest Culver

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month July	Day 14	Years	Months 9	Days	
Sex	Male	Color or Race	Age	Birth-place			
Occupation	None		Where Residing if not at place of death	Near Hebron			
Married, Single or Widowed	Single	Name of Wife or Husband	None				
Father's Name	Dr. E. Culver		Father's Birthplace			Near Hebron Md.	
Mother's Maiden Name	Bertha Collins		Mother's Birthplace			Delaware	
Name of person giving information	Wm E. Culver		How related to deceased			Uncle	

CAUSES OF DEATH

105

How long

PHYSICIAN  
OR CORONER

Primary

Immediate

Cholera infantum

How long

Are the name, age, sex, color, date and place correctly given above?

yes

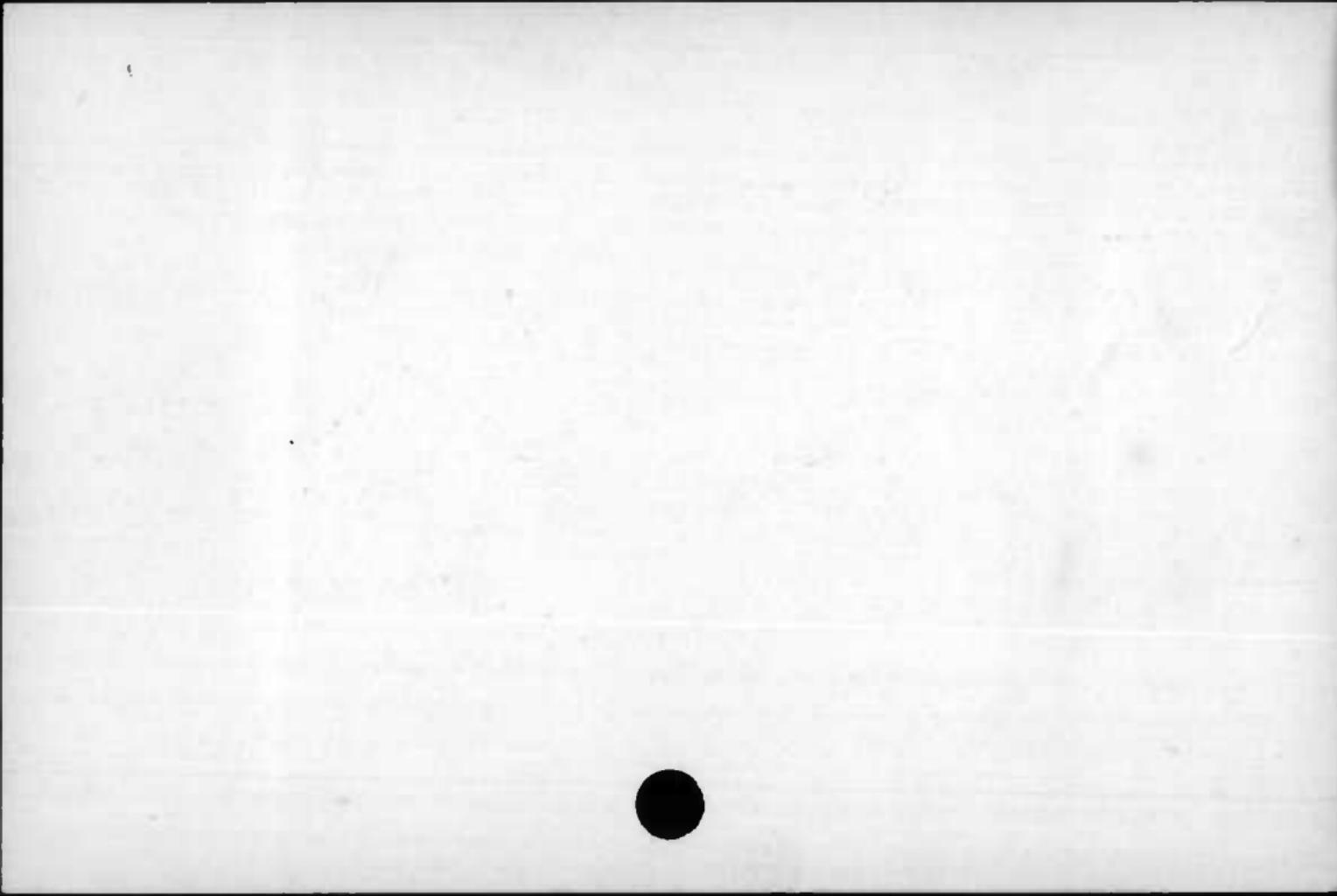
Signature of Physician

Address

H. C. Comaway

Near Hebron  
Md

Accident or Suicide?



Name  
in  
Full

Levin M. Dashiell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Salisbury</b>		Town <b>Wicomico</b>		County <b>MARYLAND</b>	
Date of death <b>1907</b>	Month <b>July</b>	Day <b>9th</b>	Years <b>85</b>	Months <b>2</b>	Days <b>26</b>
Sex <b>Male</b>	Color or Race <b>White</b>	Birthplace <b>Wicomico Co., Md.</b>			
Occupation <b>Deputy Register of Wills</b>		Where Residing if not at place of death			
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Ella M. Dashiell</b>	Father's Birthplace <b>Maryland</b>			
Father's Name <b>Charles</b>	Dashiell	Mother's Birthplace <b>not known</b>			
Mother's Maiden Name <b>Not known</b>		How related to deceased <b>Step Daughter</b>			
Name of person giving information <b>Miss Emma W. Powell</b>					

CAUSES OF DEATH

1178

How long

How long

PHYSICIAN  
OR CORONER

Primary

*Death suddenly, cause unknown, don't know*

Immediate

*no Post Mortem*

Are the name, age, sex, color, date and place correctly given above?

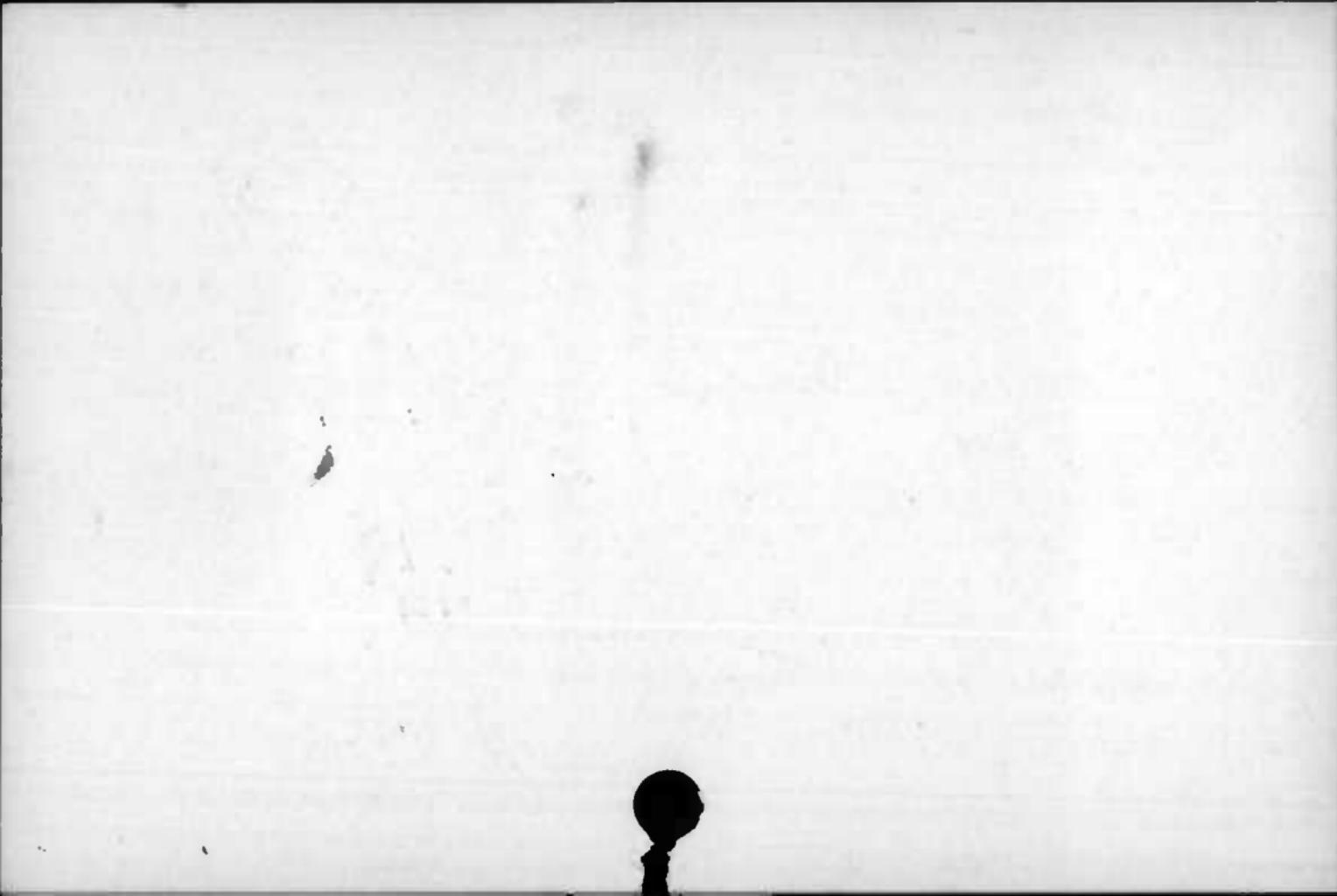
*yes*

Signature of Physician

Address

*F. M. Clemmons M.D.  
Salisbury, Md.*

Accident or Suicide?

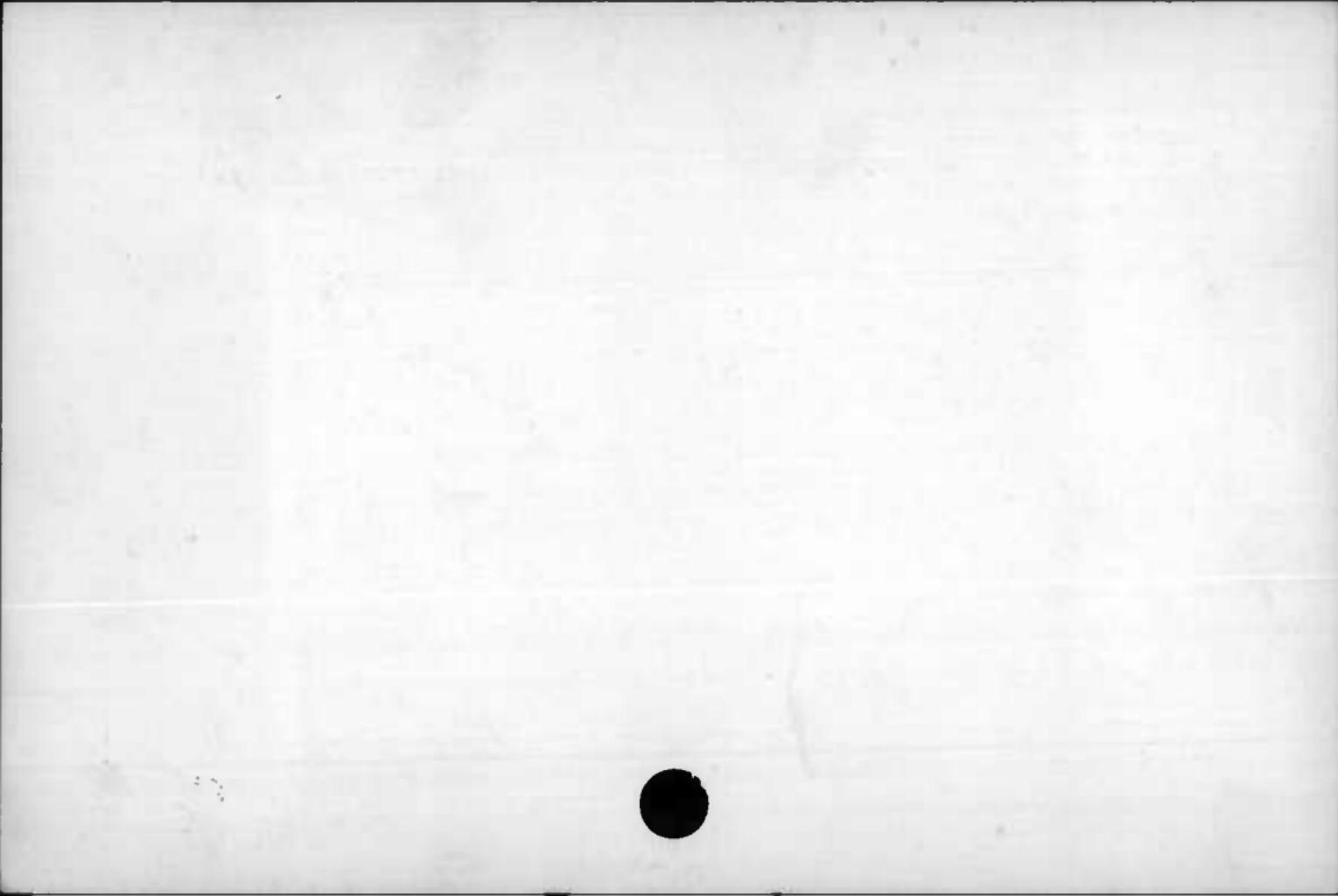


Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH					
Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1907	May	6	9	—	24
Sex	Color or Race		Where Residing if not at place of death	Birth- place	
Maled	colored		Mar Granth		
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Jack Brown	Father's Name				
Mother's Maiden Name	Mother's Birthplace				
Liars Brown	" "				
Name of person giving Information	How related to deceased				
Mary Brown	brut				
CAUSES OF DEATH					
Primary	106				
Cholera Infantum	How long				
Pneumonia	8 days				
Immediate	How long				
Pneumonia	48 hours				
Are the name, age, sex, color, date and place correctly given above?	Yer.	Signature of Physician	S. H. Lynch M.D.		
		Address	Quarantine.		
Accident or Suicide?	Mary Land				



Name  
in  
Full

Sarah M. Elzey

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Near Salisbury</u>		Town	County <u>Maryland</u>	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>20</u>	Years <u>25</u>	Months <u>✓</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birthplace <u>James Lumbard</u>	Days <u>✓</u>	
Occupation <u>none</u>	Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sam Elzey</u>	Father's Birthplace <u>Md</u>	Mother's Birthplace <u>Md</u>	
Father's Name <u>Thomas Austin</u>	How related to deceased <u>Husband</u>			
Mother's Maiden Name <u>Don't Know</u>				
Name of person giving information <u>Sam Elzey</u>				

CAUSES OF DEATH

137

PHYSICIAN  
OR CORONER

Primary <u>Oleitis left leg following parturition</u>	long <u>3 months</u>
Immediate <u>Cerebral thrombosis</u>	How long <u>2 or 3 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<u>Yes</u>	Address
Accident or Suicide? <u>No</u>	<u>J. M. S. F. Drish</u> <u>Salisbury, Md.</u>

From history I suppose this  
woman had peripheral sepius.  
She had a plethora of left leg -  
a few hours before death she was  
seized with sudden pain in her  
head, vertigo, vomiting, &c., with paralysis  
of speech. This was partially relieved  
and when she made some exertion  
7 hrs later she fell over dead.

J. M. Dix

Name  
in  
Full

Julie E. English

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	907	Month 7	Day 27	Years 81	Months 7	Days 14
Sex	Female	Color or Race	White		Birth-place	Md
Occupation	Lady		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	None			
Father's Name	Wiley L. English		Father's Birthplace		Md	
Mother's Maiden Name	Dora Russell		Mother's Birthplace		11	
Name of person giving information	Mrs. English		How related to deceased		uncle	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Burst

45-

How long

One year

Immediate

Cancer

How long

4 "

Are the name, age, sex, color, date and place correctly given above?

Yes

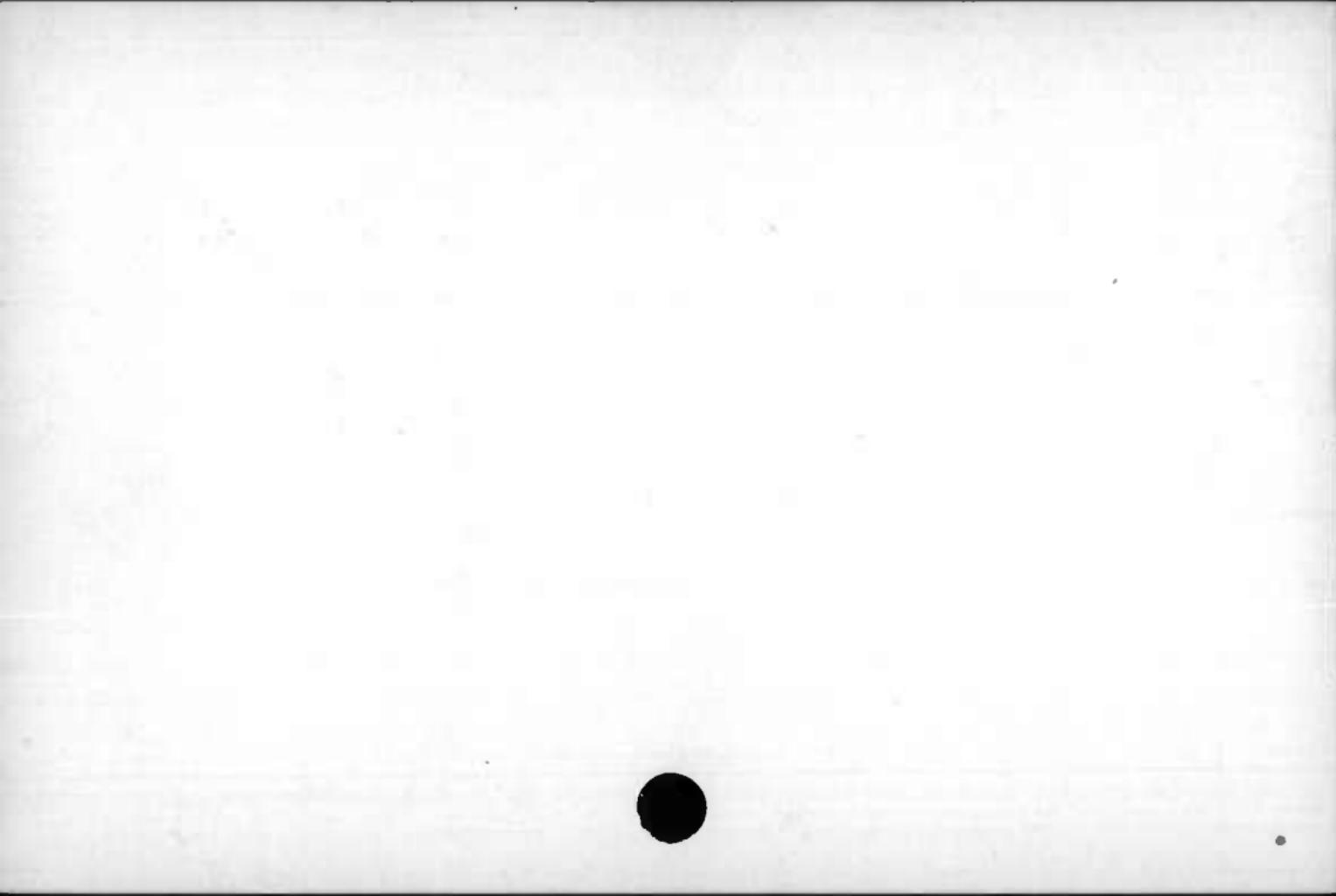
Signature of Physician

Dr. Glassaway

Address

Sharpsburg  
Md.

Accident or Suicide?



Name  
in  
Full

Will Fisher

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	None		
Father's Name	Not known		Father's Birthplace	
Mother's Maiden Name	Mary Fisher	Dorchester Co. Md.		Mother's Birthplace
Name of person giving information	Joe. Fisher	Brother		How related to deceased

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary

Bright's Disease and heart disease 6 Mo -

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

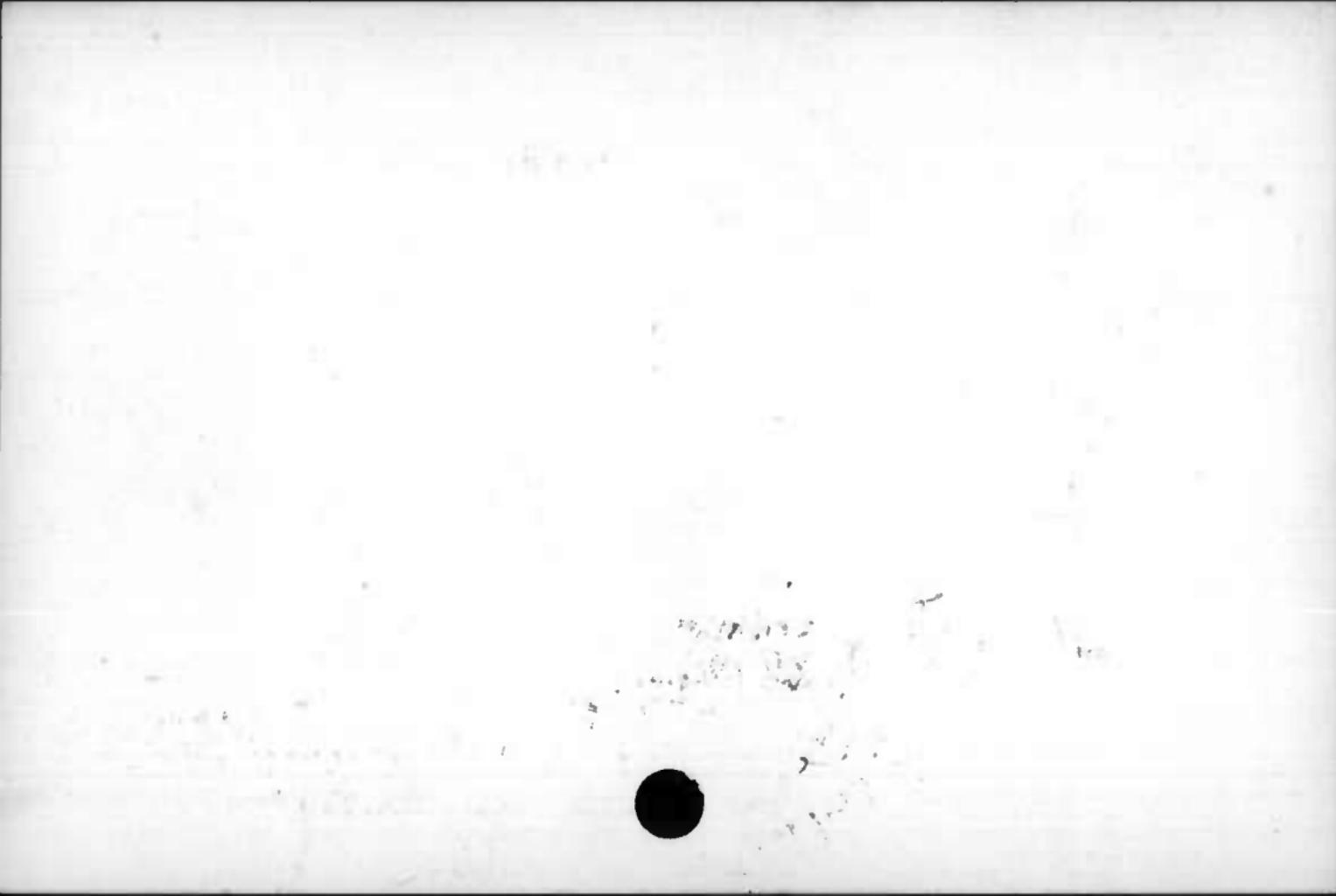
Address

How long

How long

Harry Cull  
Salisbury Md

Accident or Suicide?



Woman Gordy.

## CERTIFICATE OF DEATH

MARYLAND

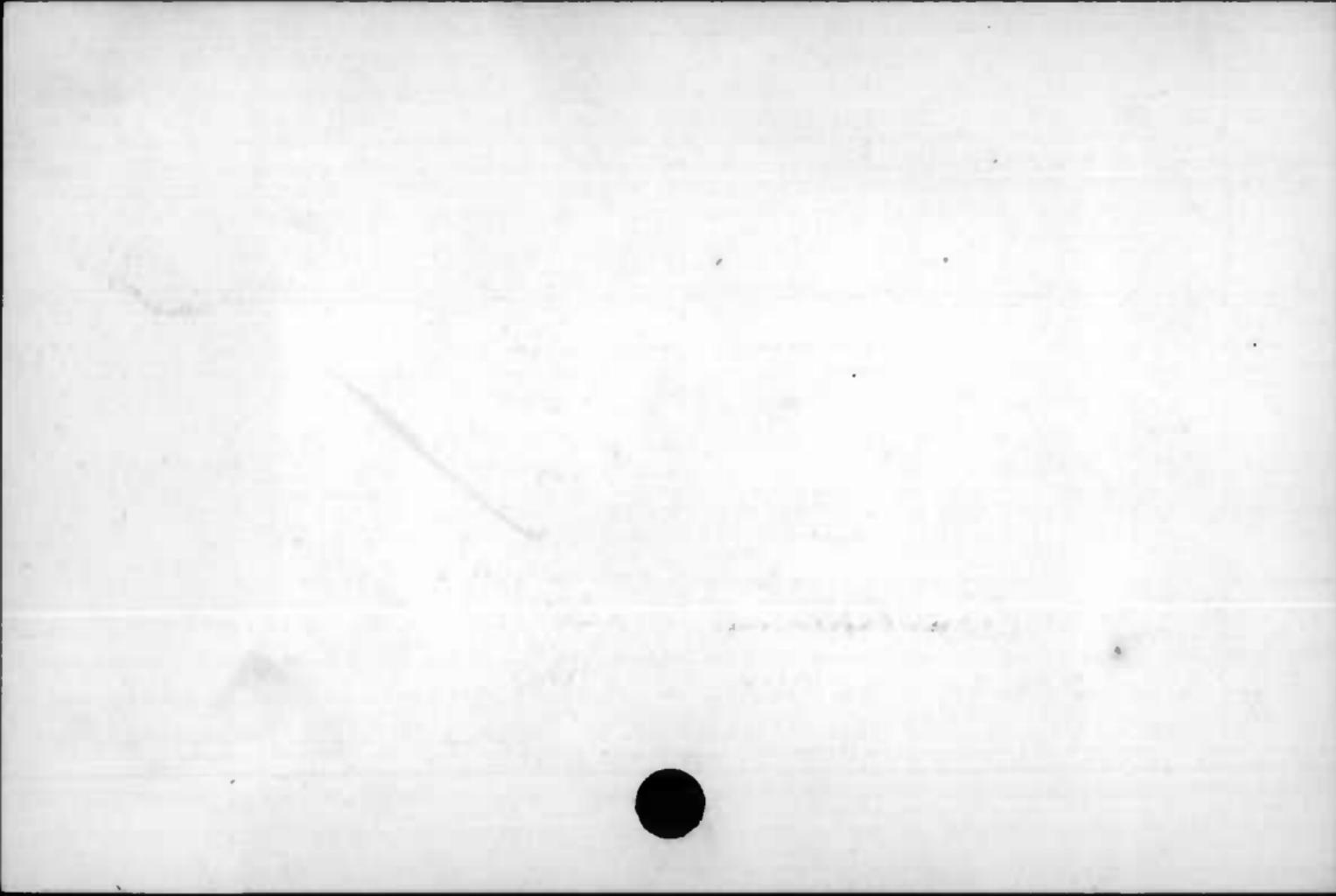
Died at		Town	County				
Date of death 1907		Month July	Day 51	Years	Months	Days	
Sex Male		Color or Race	Age don't know				
Occupation Farmer		Where Residing if not at place of death			King George		
Married, Single or Widowed married		Name of Wife or Husband	don't know				
Father's Name		don't know			Father's Birthplace don't know		
Mother's Maiden Name		don't know			Mother's Birthplace don't know		
Name of person giving information		don't know			How related to deceased don't know		

## CAUSES OF DEATH

166

How long

Primary	Struck by locomotive while crossing		
Immediate	Shock & loss of blood few hours		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Louis W. Morris M.D.
		Address	Salisbury Md.
Accident or Suicide?			

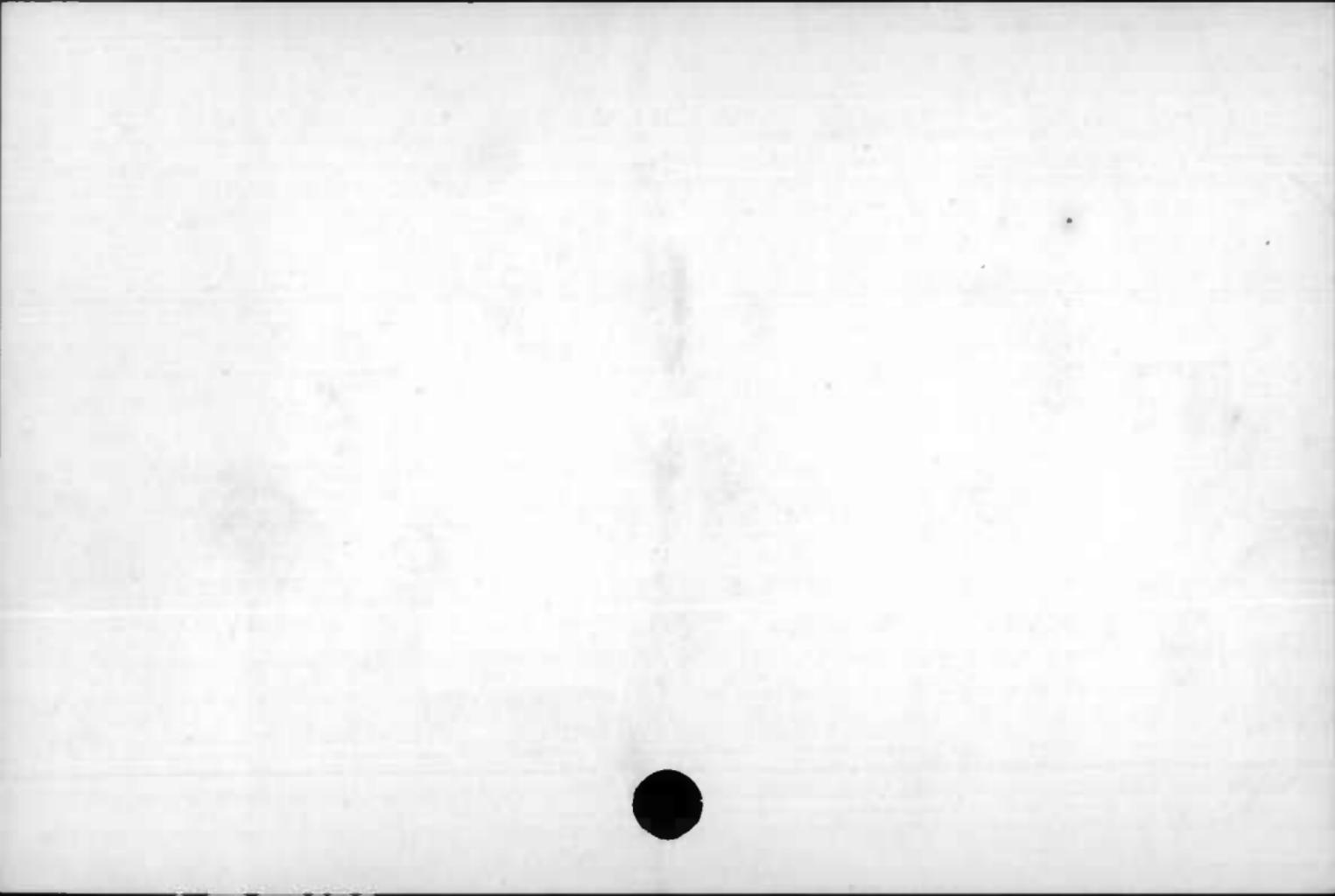


Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

<b>Kate S Harvey</b>				<b>CERTIFICATE OF DEATH</b>			
Died at <b>Salisbury</b>		Town	County	MARYLAND			
Date of death <b>1907</b>	Month <b>July</b>	Day <b>20</b>	Age	Years	Months	Days	
Sex <b>Female</b>	Color or Race	<b>White</b>		Birth-place	<b>Salisbury Md</b>		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	<b>Solomon R Harvey</b>						
Mother's Maiden Name	<b>Sallie M Hammond</b>						
Name of person giving Information	<b>Father</b>						
<b>CAUSES OF DEATH</b>							
Primary	<b>Gastro-intestinal infection</b>						
Immediate	<b>Intoxication</b>						
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
				Address			
Accident or Suicide?				<b>105</b>			
				How long			
				How long			
				<b>2 weeks</b>			
				<b>Salisbury Md</b>			
				<b>July 20, 1907</b>			



Sallie M. Harvey

Died at		Town	County		CERTIFICATE OF DEATH		
Date of death	1907	Month July	Day 14	Years 47	MARYLAND		
Sex	Female	Color or Race	Birth-place		Months	Days	6
Occupation	Housework		Where Residing if not at place of death		at home		
Married, Single or Widowed	Married	Name of Wife or Husband	Salmon R. Harvey		Father's Birthplace	Mel	
Father's Name	Alvus Hammond				Mother's Birthplace	11d	
Mother's Maiden Name	Alabama Wyatt				How related to deceased		
Name of person giving information	Salmon R. Harvey				64	How long	11 days

## CAUSES OF DEATH

Primary *Cerebral hemorrhage*  
Immediate *Coma & heart failure*

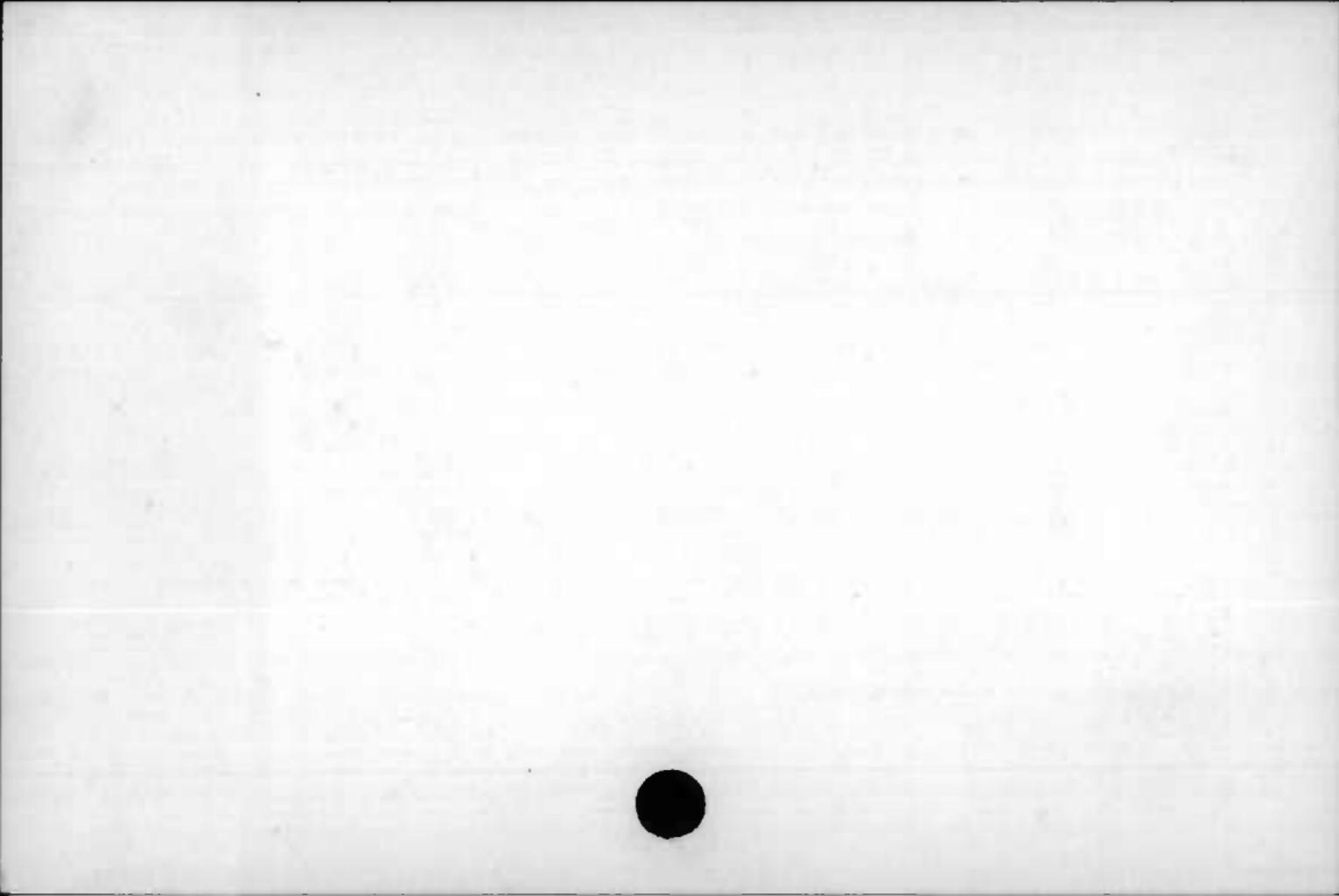
Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address  
Louis A. Econis M.D.  
Salisbury, Md.

Accident or Suicide

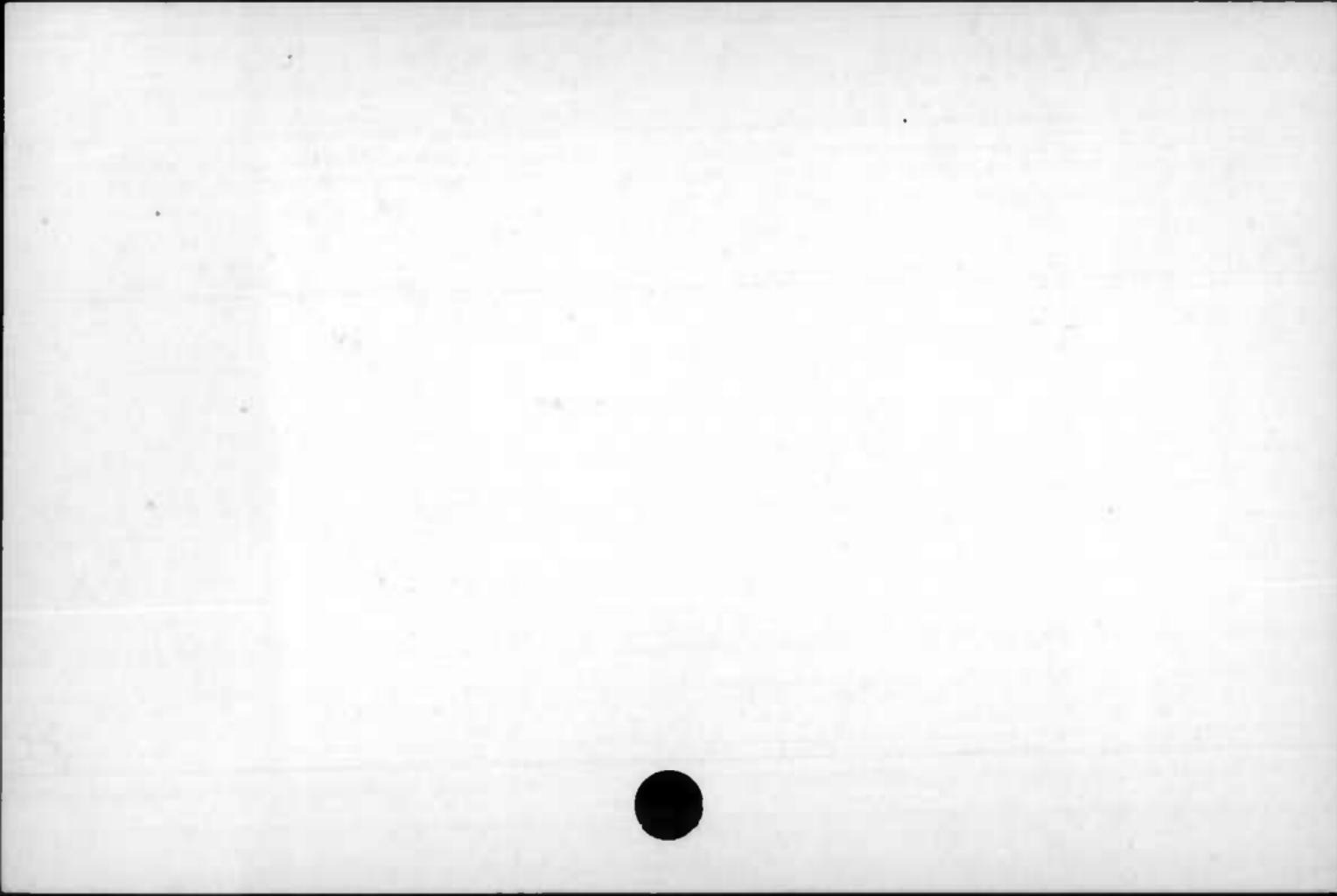


Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Infant not named				Hastings	CERTIFICATE OF DEATH		
Died at		Town		County	MARYLAND		
Date of death	1907	Month July	Day 11 <sup>th</sup>	Years 0	Months 0	Days a few hours	
Sex	Male	Color or Race	White	Birth-place	Salisbury Md.		
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	none	Father's Birthplace	Salisbury Md.		
Father's Name	Dean M. Hastings			Mother's Birthplace	" "		
Mother's Maiden Name	Sula F. Bailey			How related to deceased	Father		
Name of person giving information	D. M. Hastings			151	How long		
CAUSES OF DEATH							
Primary	Premature Birth			How long			
Immediate	Premature Birth			How long			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	Dr. W. Fodell		
				Address	Salisbury Md.		
Accident or Suicide?							



Name  
in  
Full

Irving Hastings

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month July	Day 20nd.	Years 12	Months 5	Days 17
Sex	Male	Color or Race	White	Birth-place	Maryland	
Occupation	School Boy		Where Residing if not at place of death	Near Delmar Md.		
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Name	Prinicy E. Hastings	
Father's Name	Prinicy E. Hastings			Father's Birthplace	Delaware	
Mother's Maiden Name	Ada E. Hearn			Mother's Birthplace	Salisbury Md.	
Name of person giving information	Ada Hastings			How related to deceased	Mother	

CAUSES OF DEATH

118

How long

1 week

How long

few day

PHYSICIAN  
OR CORONER

Primary

Acute purulent pleistinitis

Immediate

Acute general peritonitis

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. C. Cade  
Salisbury Md.

Accident or Suicide?



Name  
in  
Full

Louis Hastings

CERTIFICATE OF DEATH

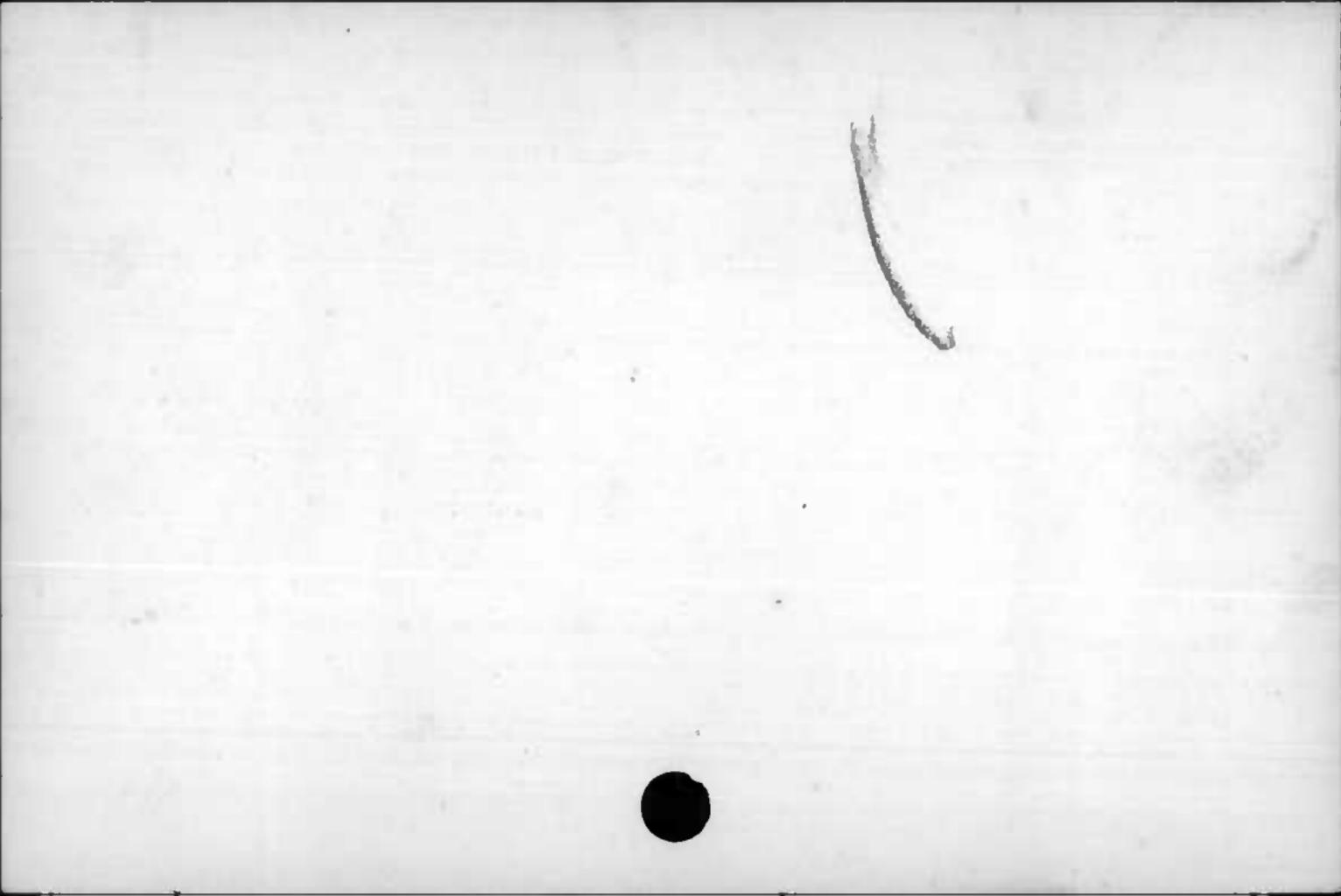
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place	Salisbury Md.		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	none				
Father's Name	Lawrence R. Hastings					Father's Birthplace
Mother's Maiden Name	Mary I. Bussey					Mother's Birthplace
Name of person giving information	Lawrence R. Hastings					How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Decease	105	How long
Immediate	Decease		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Geo. W. Ford
		Address	Salisbury Md.
Accident or Suicide?			



Name  
in  
Full

Infant - one name Jackson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death 1907	Month July	Day 31	Age	5	Months 12 Days	
Sex male	Color or Race Black	Birth-place Md				
Occupation	Where Residing if not at place of death	Salisbury				
Married, Single or Widowed	Name of Wife or Husband	Infant				
Father's Name	James Jackson					Father's Birthplace Md
Mother's Maiden Name	Lilly Wilson					Mother's Birthplace Md
Name of person giving information	Lilly Wilson					How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Scarlet fever	105	How long 2 weeks
Immediate	Convulsions		How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr C. R. T. Moore  
Salisbury, Md

Accident or Suicide?



Name  
in  
Full

Abraham Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Near Salisbury	D	Wisconsin	Months	Days	
Date of death 1907	Month	Day	Years	Age	
July	25		52	52	
Sex	Color or Race	Birth-place			
Male	Black	Salisbury Md.			
Occupation	Where Residing if not at place of death				
Labores					
Married, Single or Widowed	Name of Wife or Husband				
Single	None				
Father's Name	Father's Birthplace				
Not known	Anchorage				
Mother's Maiden Name	Mother's Birthplace				
Amelia Smith	Maryland				
Name of person giving information	How related to deceased				
Samuel E. Byrd	None				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	I do not know	179	How long	Died Suddenly
Immediate	I do not know		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo. C. Hill	
		Address	Salisbury Md.	
Accident or Suicide?	(OVER)		Undertaker	

Abraham Jones <sup>old</sup> a pauper, died suddenly  
at the home of Samuel Byrd <sup>old</sup> about three  
miles from Salisbury on July 6<sup>th</sup> 1907  
I was called upon to bury him at the expense  
of the county.

He probably died from exhaustion owing  
to lack of nourishing food and to  
extreme heat.

Geo. E. Hill  
Undertaker

Name  
in  
Full

Benjamin Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1907	7	21	83	— 7	— 18	
Sex	Male	Color or Race	colrd	Birth-place	Maryland	
Occupation	Mariner & Farmer					Where Residing if not at place of death
Married, Single or Widowed	widowed	Name of Wife or Husband	Jane Jones			
Father's Name	Benjamin Jones					Father's Birthplace
Mother's Maiden Name	January Basshie					Mother's Birthplace
Name of person giving information	Isaac Barndy					How related to deceased

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary

Immediate

Bright's disease

How long

Are the name, age, sex, color, date and place correctly given above?

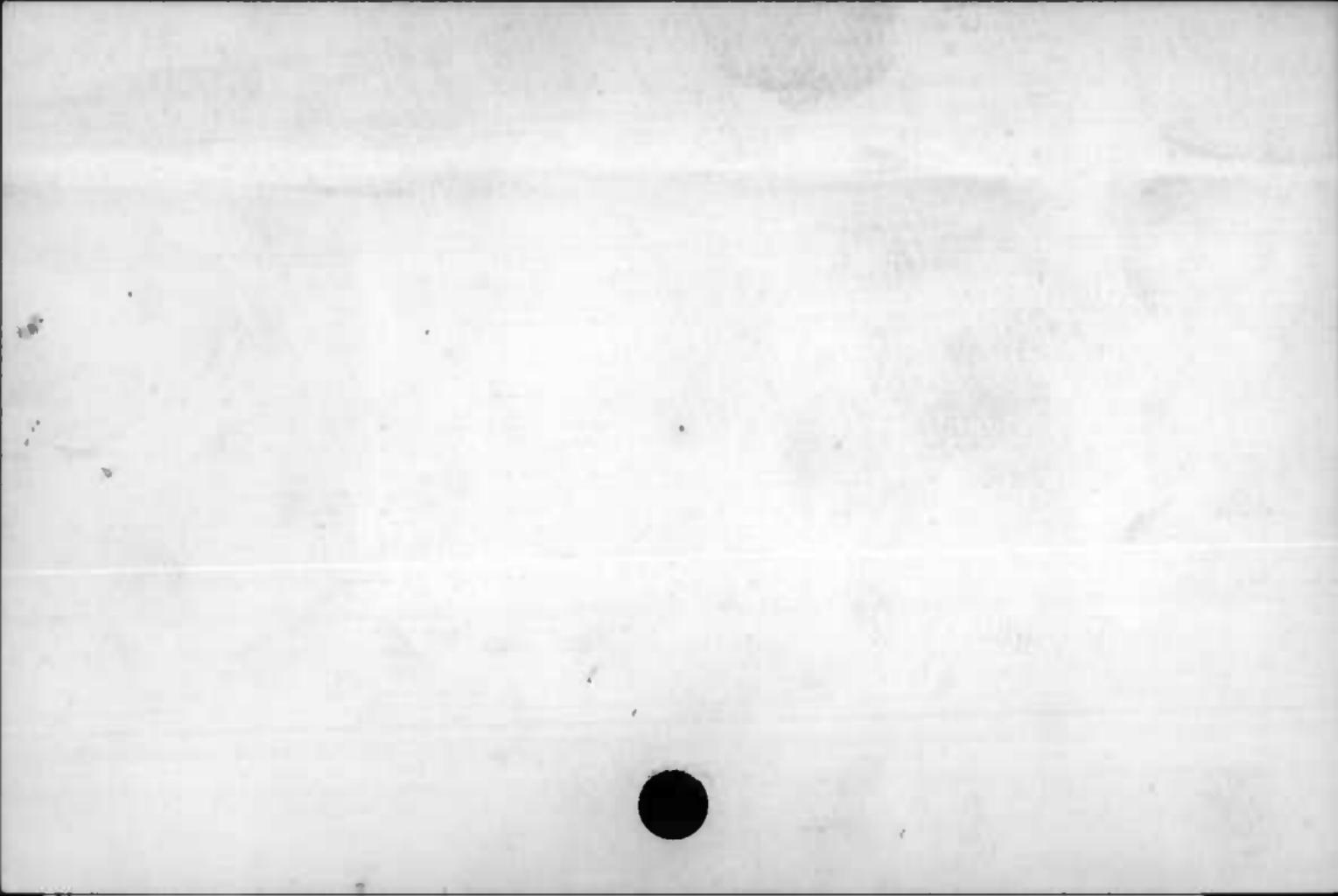
yes

Signature of Physician

Address

A. H. Lankford  
White Haven

Accident or Suicide?



Name  
In  
Full

Leander Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month July	Day 22	Years	Months	Days 8
Sex	Female	Color or Race	Colored	Age	Birth-place	Salisbury
Occupation	Where Residing if not at place of death					—
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	Wm. L. Jones		Father's Birthplace	Salisbury Md.		
Mother's Maiden Name	Malisia Jones		Mother's Birthplace	Salisbury Md.		
Name of person giving information	Wm. L. Jones		How related to deceased	Father		

CAUSES OF DEATH

71

How long

24 hours

How long

PHYSICIAN  
OR CORONER

Primary

Convulsions

immediate

Are the name, age, sex, color, date and place correctly given above?

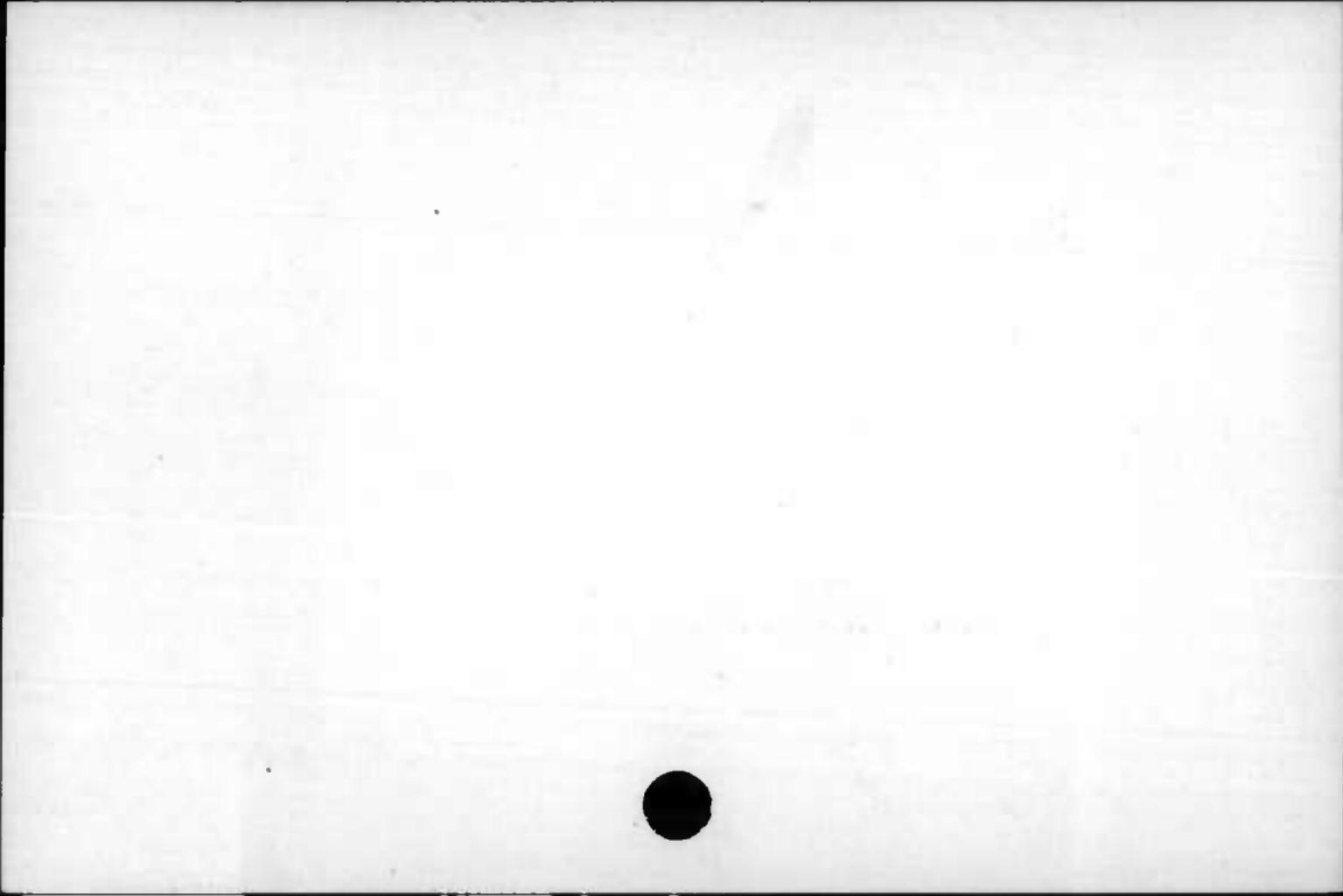
yes

Signature of Physician

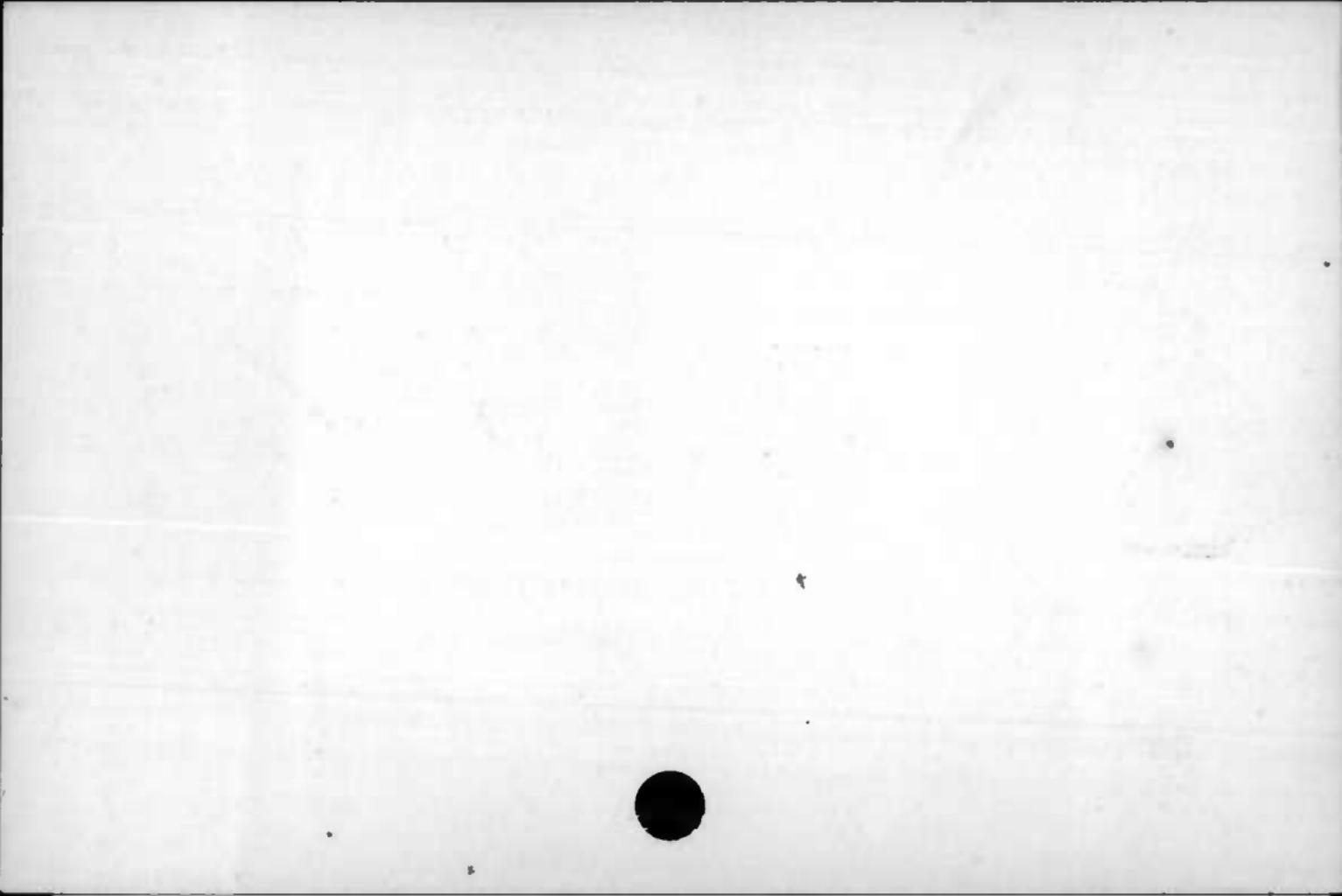
Address

Le Alton B. Potter  
Salisbury Md.

Accident or Suicide?







Name  
in  
Full

Marion M. Kibble

CERTIFICATE OF DEATH

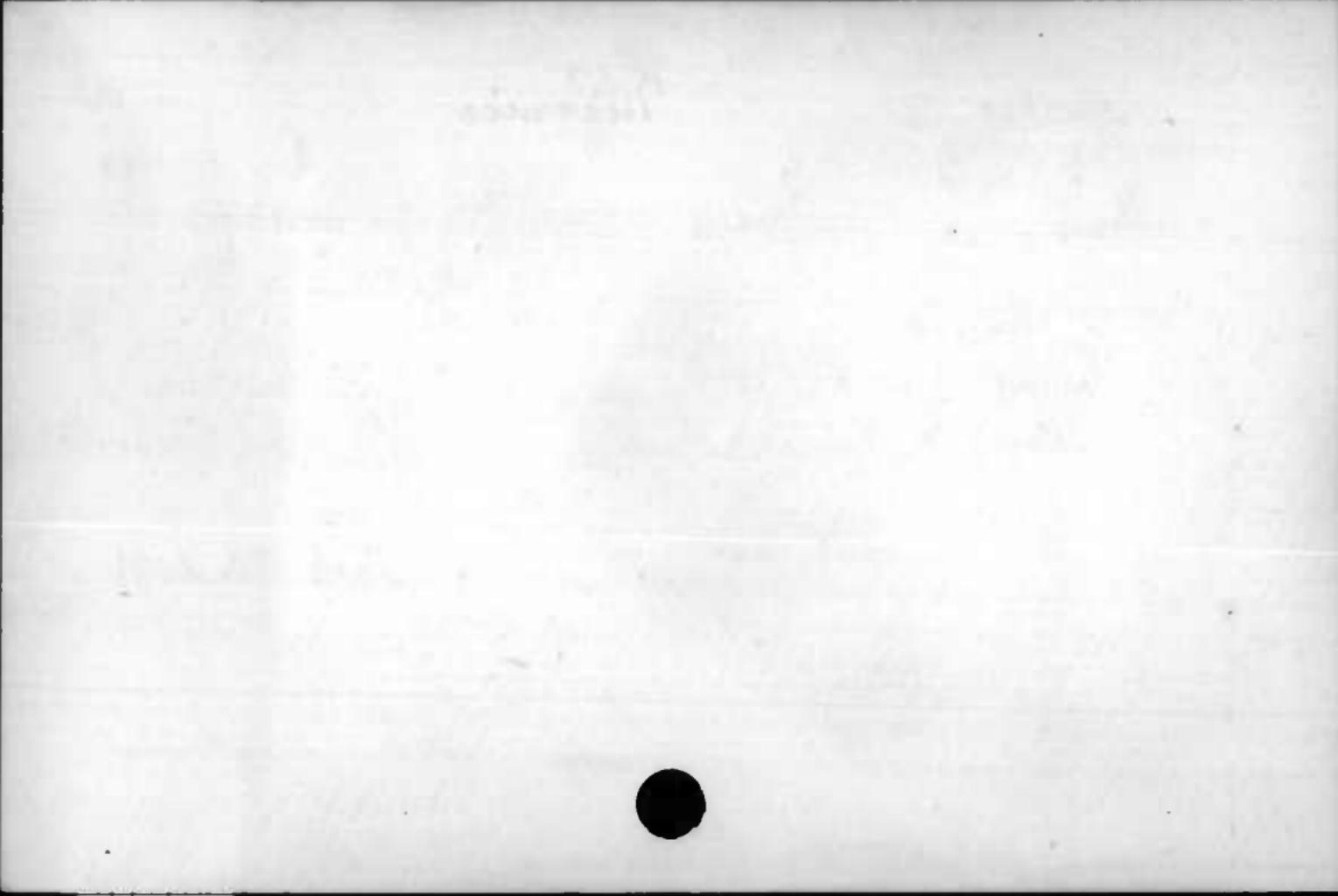
To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1907	Month July	Day 12 <sup>th</sup>	Years 44	Months	Days
Sex	Male	Color or Race	White	Birth-place	Shad Point	
Occupation	Oyster planter		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Birthplace	Maryland	
Father's Name	Geo. M. Kibble			Mother's Birthplace	"	
Mother's Maiden Name	Dorothy Wheatley			How related to deceased	None	
Name of person giving Information	W. C. Brewington					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis		27	How long	a year or more
Immediate	Inanition			How long	3 months
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	F. M. Stevens, M.D.	
			Address	Salisbury, Md.	
Accident or Suicide?					



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Samuel David Lammore

Town

Died at Tyaskin

County

Wicomico

CERTIFICATE OF DEATH

MARYLAND

Died at	Month	Day	Years	Months	Days
Tyaskin	5	9	Age	2	18
Date of death 1907					
Sex Male	Color or Race	white		Birth-place	Tyaskin

Occupation Not any

Where Residing if not  
at place of death

Tyaskin Md

Married, Single  
or Widowed Single

Name of Wife or  
Husband

Father's Name Samuel H. Lammore

Father's Birthplace Tyaskin

Mother's Maiden Name Mary E. Sullivan

Mother's Birthplace Caroline Co. Md

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

105

Primary

Ileo- Colitis acute

Sick 30. days

Immediate

Cardiac Emanation

3 mos -

Are the name, age, sex, color, date  
and place correctly given above?

Yes -

Signature of  
Physician

Address

JR Bishop  
Baltimore  
Md -

Accident or Suicide?

None



Name  
in  
Full

Isabella Staples White Leonard

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

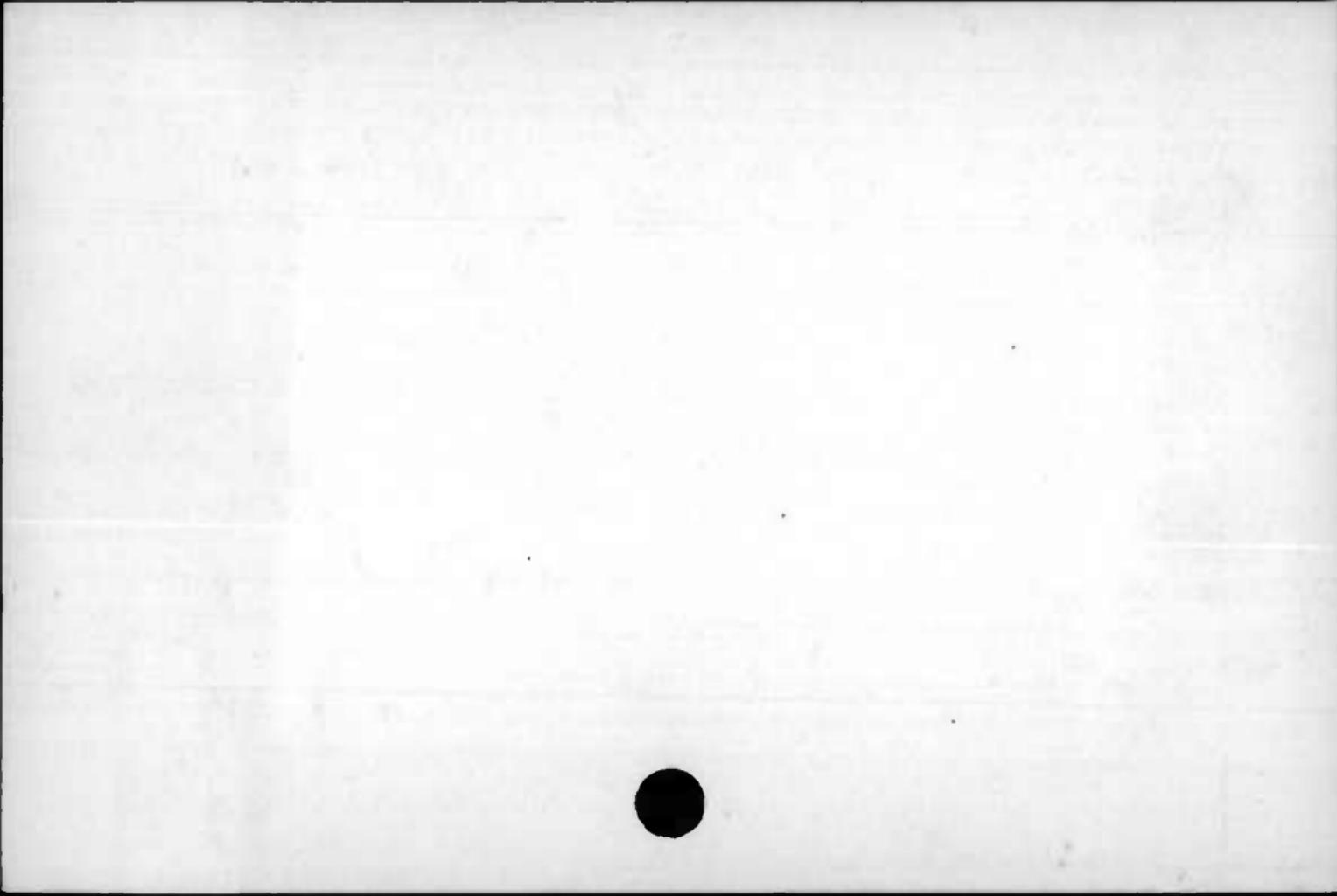
Died at		Town	County		MARYLAND	
Date of death	1907	Month July	Day 23 <sup>rd</sup>	Years 55 yrs.	Months 5 <del>8</del>	Days 15
Sex	Female	Color or Race	white			
Occupation	Housewife	Where Residing if not at place of death				
Married, Single or Widowed	Widowed	Name of Wife or Husband	Col. Wm. J. Leonard			
Father's Name	James White	Father's Birthplace Somerset Co.				
Mother's Maiden Name	Adaline White	Mother's Birthplace Somerset Co.				
Name of person giving information	Wm. Wirt Leonard	How related to deceased Son				

CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

Primary	Cancer (Abdominal)	
Immediate	Inহাসিত	
Are the name, age, sex, color, date and place correctly given above?	7 yrs	Signature of Physician
		Address
Accident or Suicide?	G. W. Todd Salisbury Md	



Maria Elizabeth Lowe

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u> Town		County <u>Wicomico</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>14th</u>	Years <u>78</u>	Months <u>8</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Houskeeper</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Andrew J. Lowe</u>				
Father's Name <u>Joseph Palmer</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Don't know</u>	Mother's Birthplace <u>Don't know</u>				
Name of person giving information <u>Ray Kent</u>	How related to deceased <u>Grand Son</u>				

## CAUSES OF DEATH

106

How long

, today

How long

few hours

PHYSICIAN  
OR CORONER

Primary

Enter. Colitis

Immediate

Exhaustion &amp; collapse

Are the name, age, sex, color, date and place correctly given above?

Yes

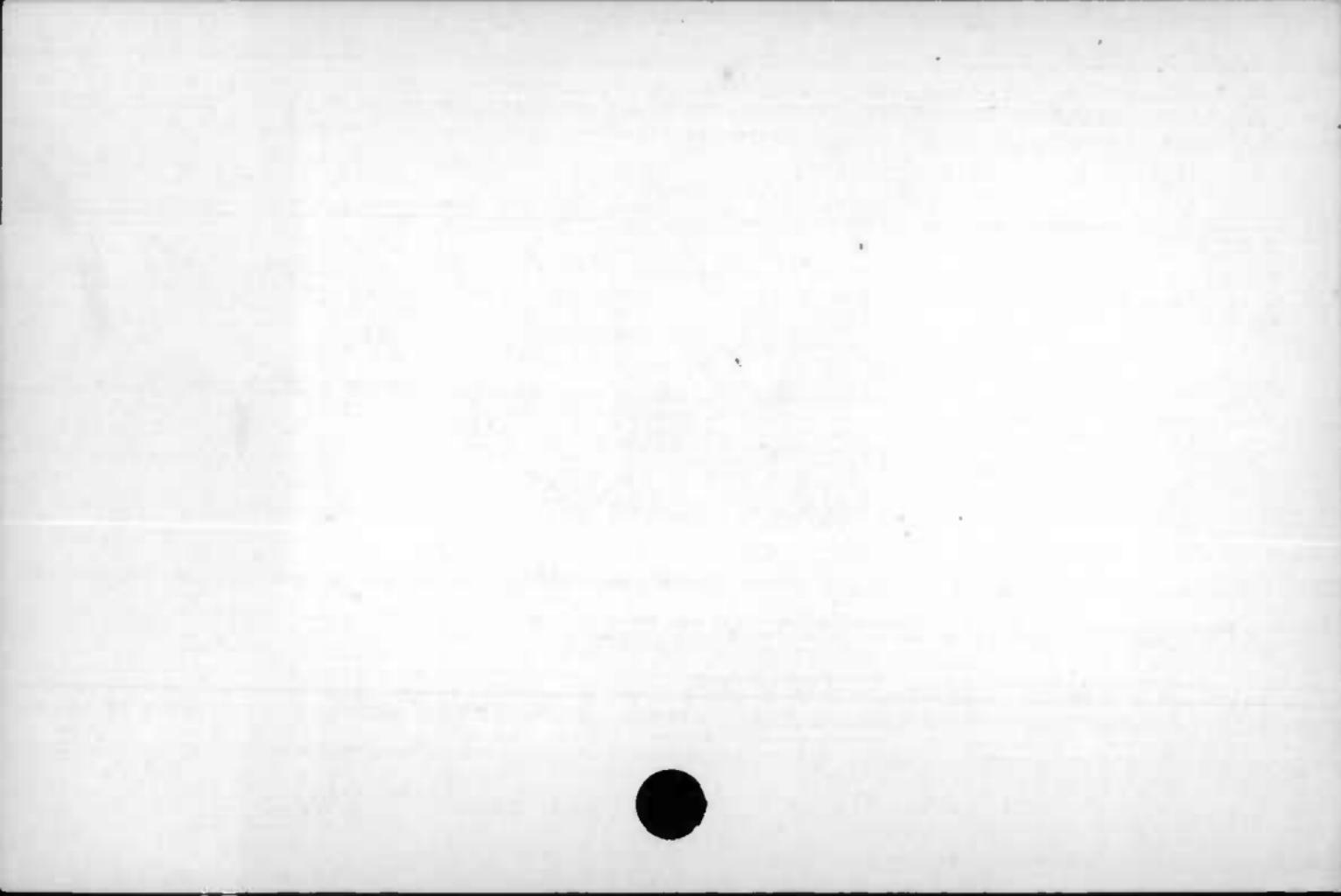
Signature of Physician

Address

J. W. Cederin  
Salisbury, Md.

Accident or Suicide?

No



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Infant Meisch

CERTIFICATE OF DEATH

Died at <u>Salisbury</u>		Town	County <u>Wicomico</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>27</u>	Age <u>—</u>	Years	Months	Days <u>14</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Where Residing if not at place of death		Birth-place <u>Ind</u>		
Occupation <u>—</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Don't know</u>					Father's Birthplace <u>Don't know</u>	
Mother's Maiden Name <u>Mary Meisch</u>					Mother's Birthplace <u>Ind</u>	
Name of person giving Information <u>Burnell Williams</u>					How related to deceased <u>No Relation</u>	

CAUSES OF DEATH

151

Primary

Premature birth

How long

3 months

Immediate

Decapitation

How long

3 weeks

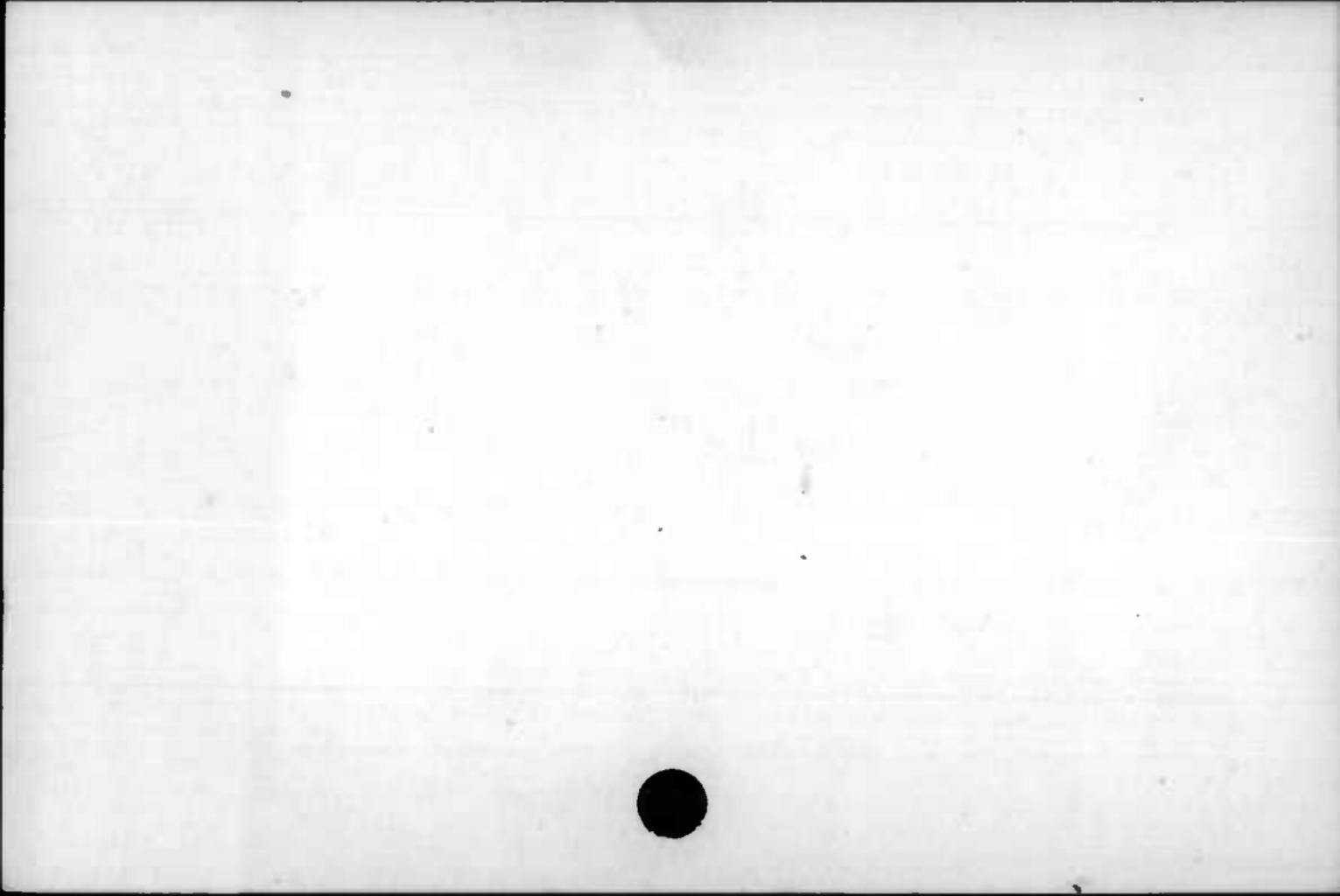
Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address

Missouri  
Salisbury Ind



Name  
In  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Boya Mary Moore

CERTIFICATE OF DEATH

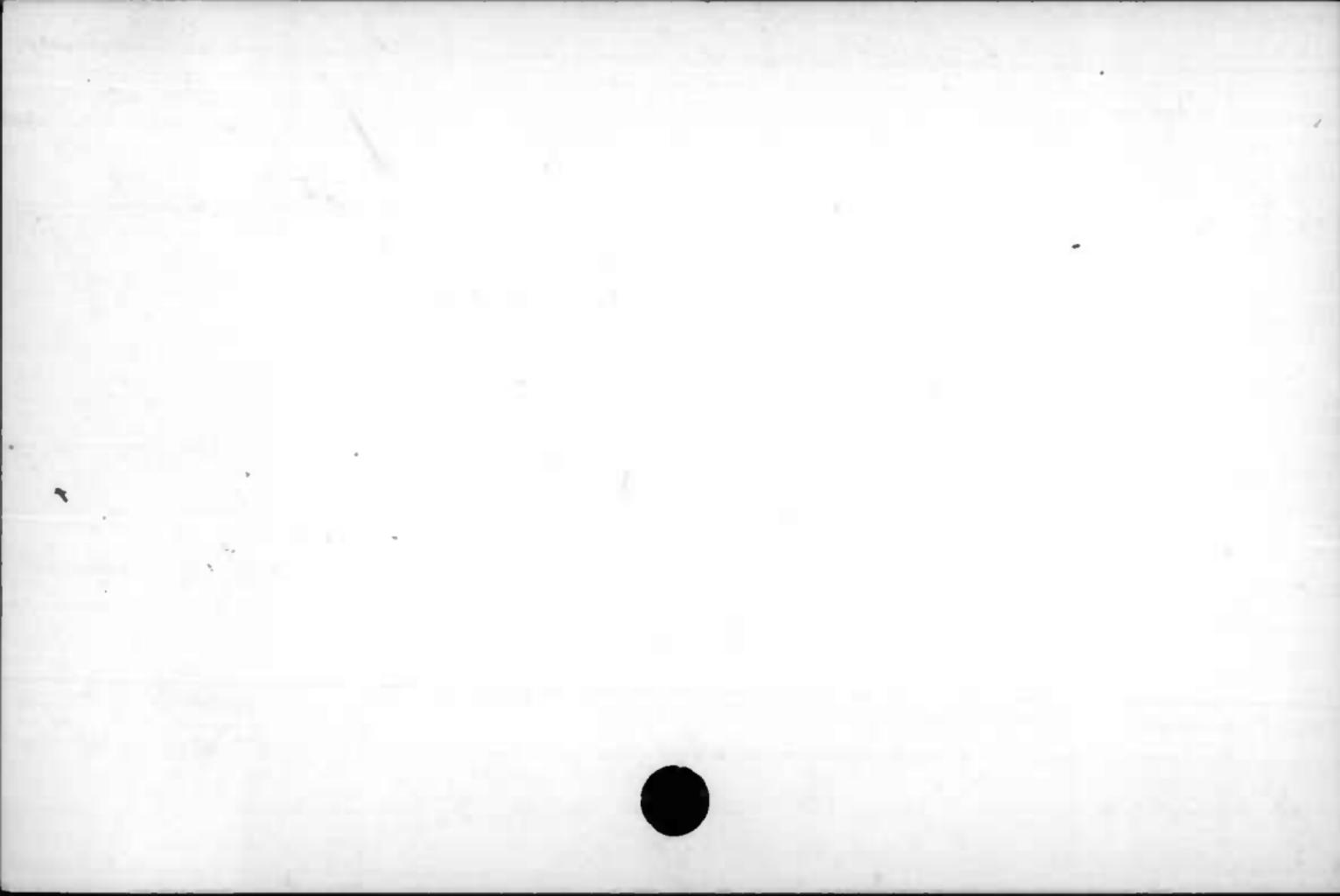
Died at <u>Shapton</u> Town			County <u>Wisconsin</u>			MARYLAND	
Date of death <u>1907</u>	Month <u>7</u>	Day <u>5</u>	Age <u>8</u>	Years	Months <u>9</u>	Days <u>13</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore Md</u>					
Occupation			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband		Mother's Birthplace <u>Md</u>			
Father's Name <u>Robert Lee Moore</u>		Mother's Maiden Name <u>Baranophena Mills</u>		Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Ward J. Moore</u>		How related to deceased <u>Brother</u>					

CAUSES OF DEATH

(1)

Primary <u>Typhoid Fever</u>	How long <u>5 days</u>
Immediate <u>Cardiac Failure</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. W. Garrison</u>
	Address <u>Shapton Md</u>
Accident or Suicide?	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Beryl J. Owens

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Shaytlow</u> <u>2nd</u>		County <u>Wicomico</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>14</u>	Years <u>1</u>	Months <u>1</u>	Days <u>17</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Shaytlow</u>			
Occupation <u> </u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>	✓			
Father's Name <u>Irving S. Owens</u>	Father's Birthplace <u>Delaware</u>				
Mother's Maiden Name <u>Stellie Bradley</u>	Mother's Birthplace <u> </u>				
Name of person giving information <u>Irving S. Owens</u>	How related to deceased <u>Father</u>				
CAUSES OF DEATH					
Primary <u>Pneumonia</u>	105				
Immediate <u>Chronic Diphtheria</u>	How long <u>1 week</u>				
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician				

PHYSICIAN  
OR CORONER

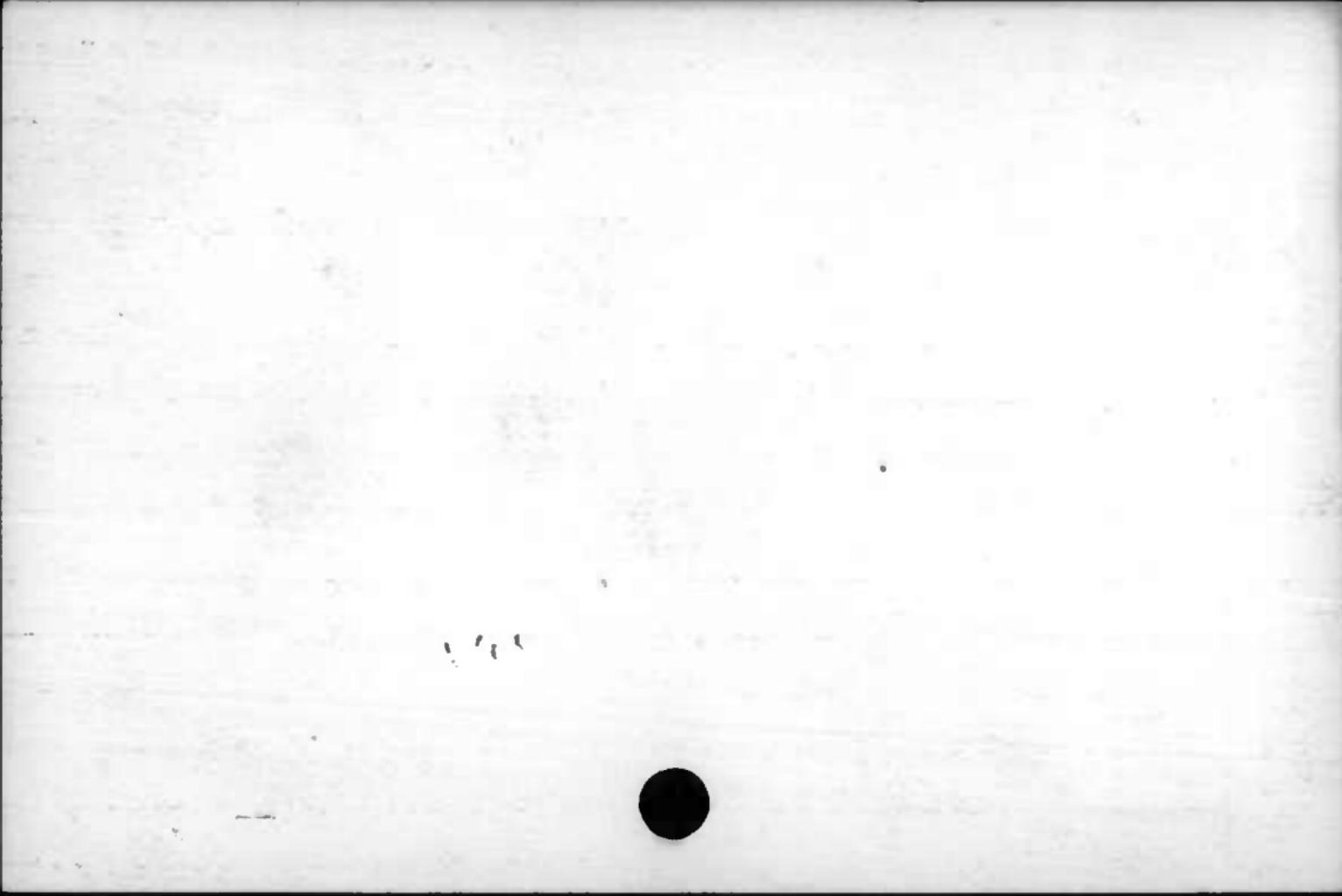
Yes

Wm. J. Passaway

Address

Shaytlow - Md

Accident or Suicide?

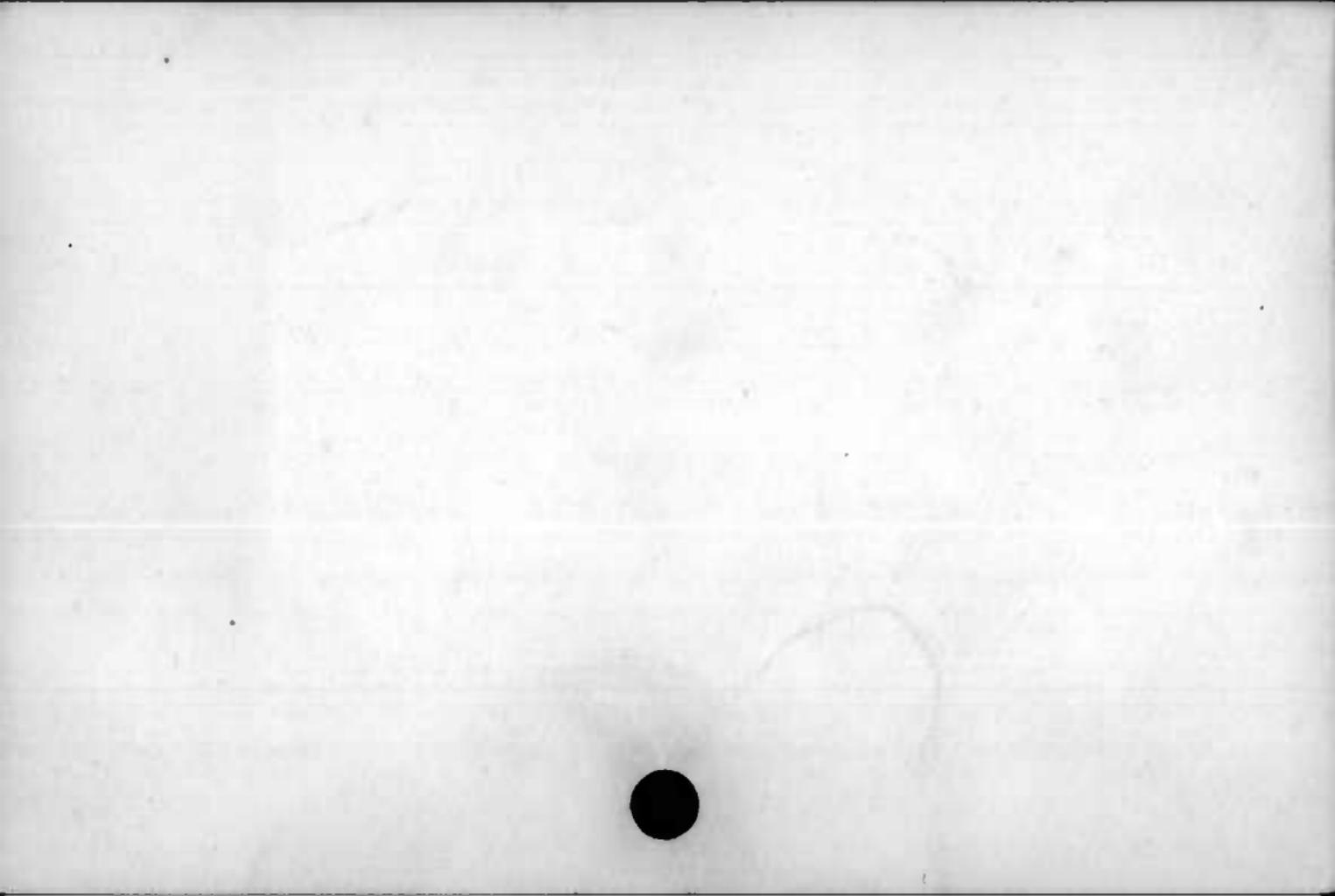


Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH				
Died at		Town	County	MARYLAND
Date of death	Month	Day	Years	Months Days
Age	67			
Sex	Male	Color or Race	Black	Birth-place
Occupation	Licensed	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		Anne T. Pallit	
Father's Name	Dont know		Dont know	
Mother's Maiden Name				
Name of person giving information	Benjamin Handly		How related deceased	
CAUSES OF DEATH				
Primary	Artery Senility		142	
Immediate	Senile Angrene		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	HARRY C. GULICK
			Address	Calisbury Md
Accident or Suicide?				



Name  
in  
Full

Wallace J. Parsons

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month July	Day 3 <sup>rd</sup>	Years 1	Months 10	Days 20	
Sex	Male	Color or Race	White		Birth-place	Salisbury Md.	
Occupation	None	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband	None		Father's Birthplace	Delaware	
Father's Name	James J. Parsons				Mother's Birthplace	"	
Mother's Maiden Name	Olie Knowles				How related to deceased	Father	
Name of person giving information	James J. Parsons						

PHYSICIAN  
OR CORONER

Primary  
Enteritis

CAUSES OF DEATH

(105)

How long

4 day s

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

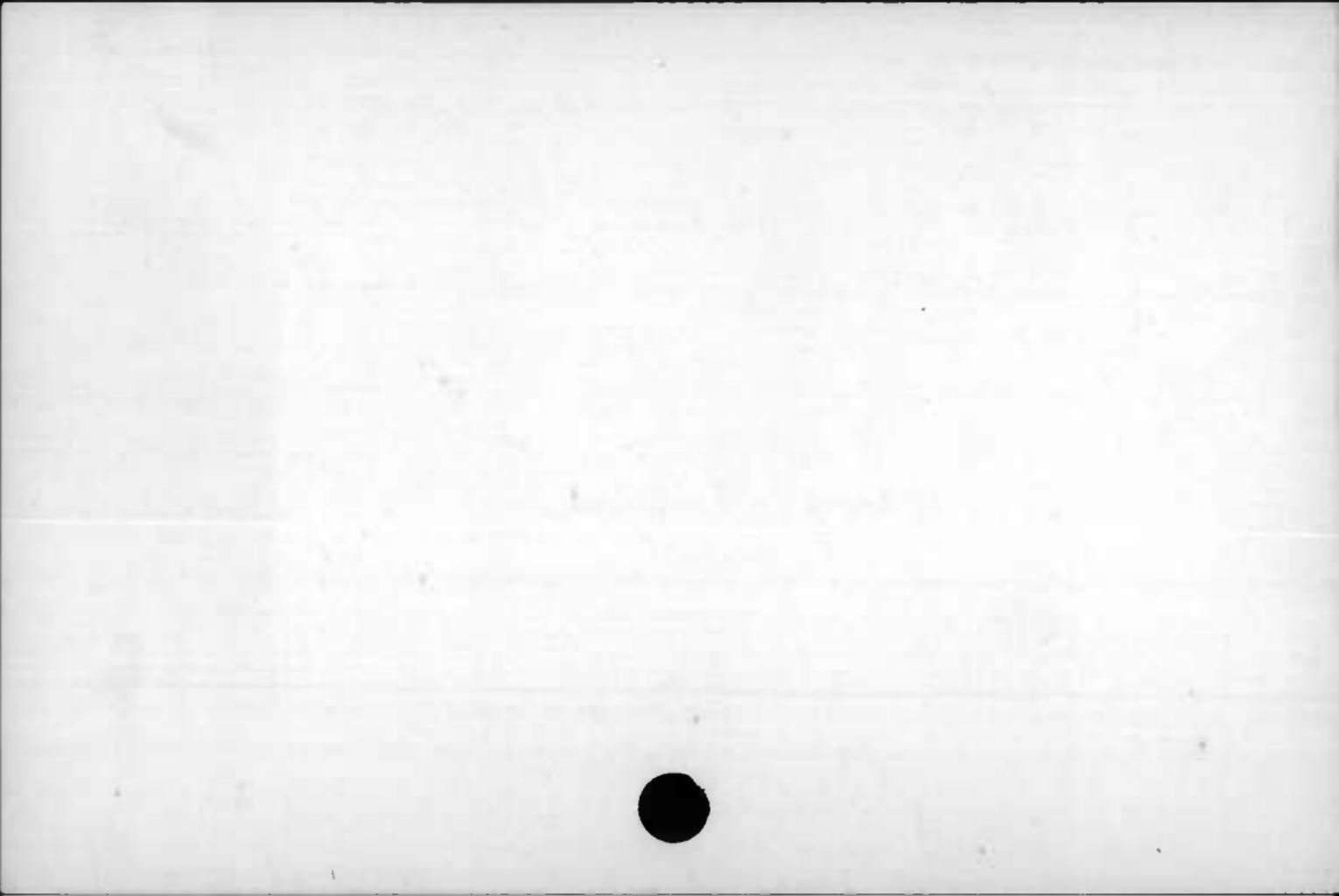
yes

Signature of Physician

Address

Wm. Cull  
Salisbury, Md.

Accident or Suicide?



Name  
in  
Full

Charley Rider

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	town	County	MARYLAND		
Date of death 1907	Month July	Day 16	Years 38	Months -	Days -
Sex male	Color or Race colored	Where Residing if not at place of death	Hebron		
Occupation Farmer			Dead Maggie Rider		
or Widowed	Name of Wife or Husband		Father's Birthplace	Mardella Springs	
Father's Name C. Rider			Mother's Birthplace	Bunatico	
Mother's Maiden Name L. Rider			How related to deceased	None	
Name of person giving information	Berry, Goslee				

CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

Primary

Immediate

Acute nephritis

Are the name, age, sex, color, date and place correctly given above?

yes

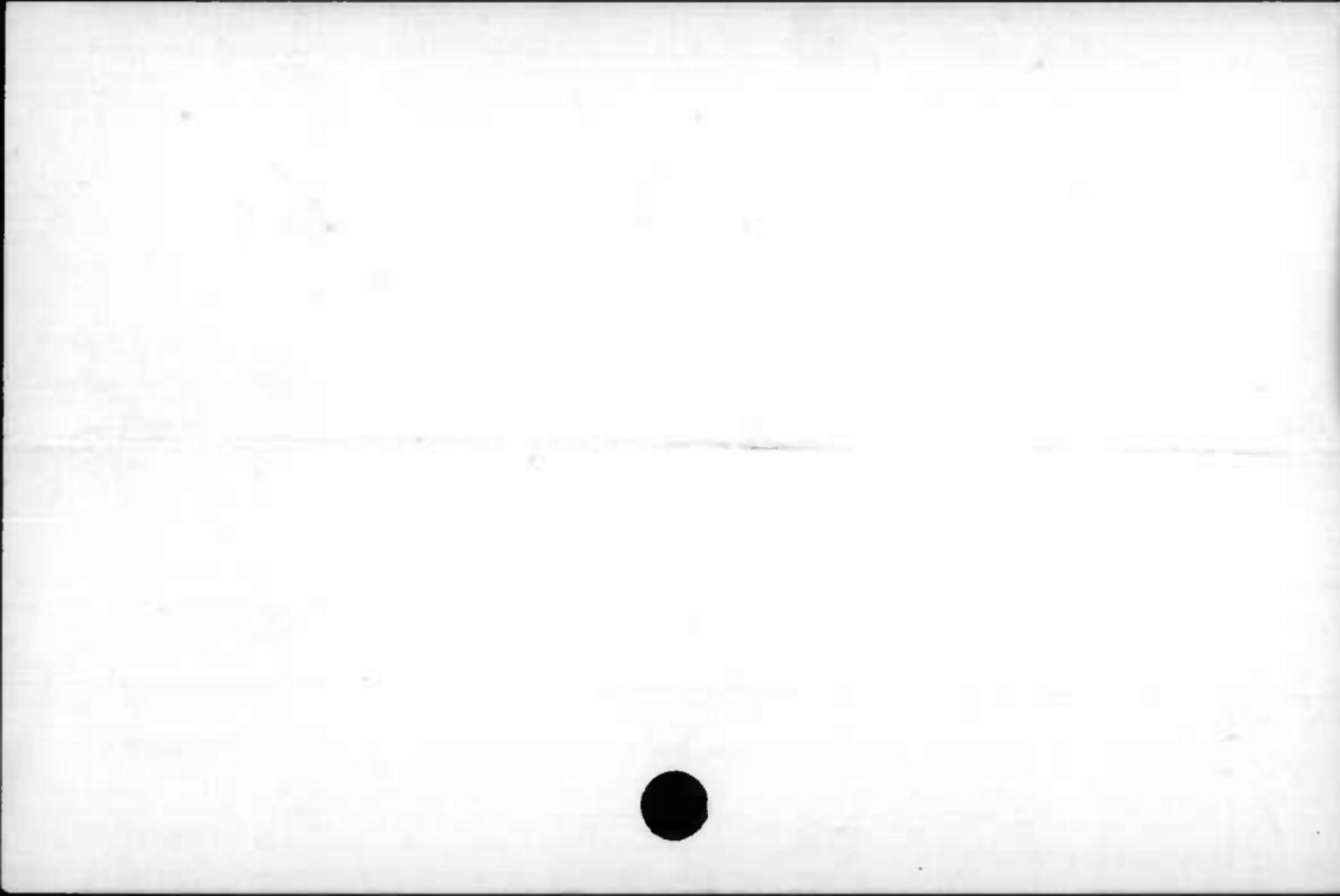
Signature of Physician

Address

How long

9 Days

Accident or Suicide?



Name  
in  
Full

Ella Roberts

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

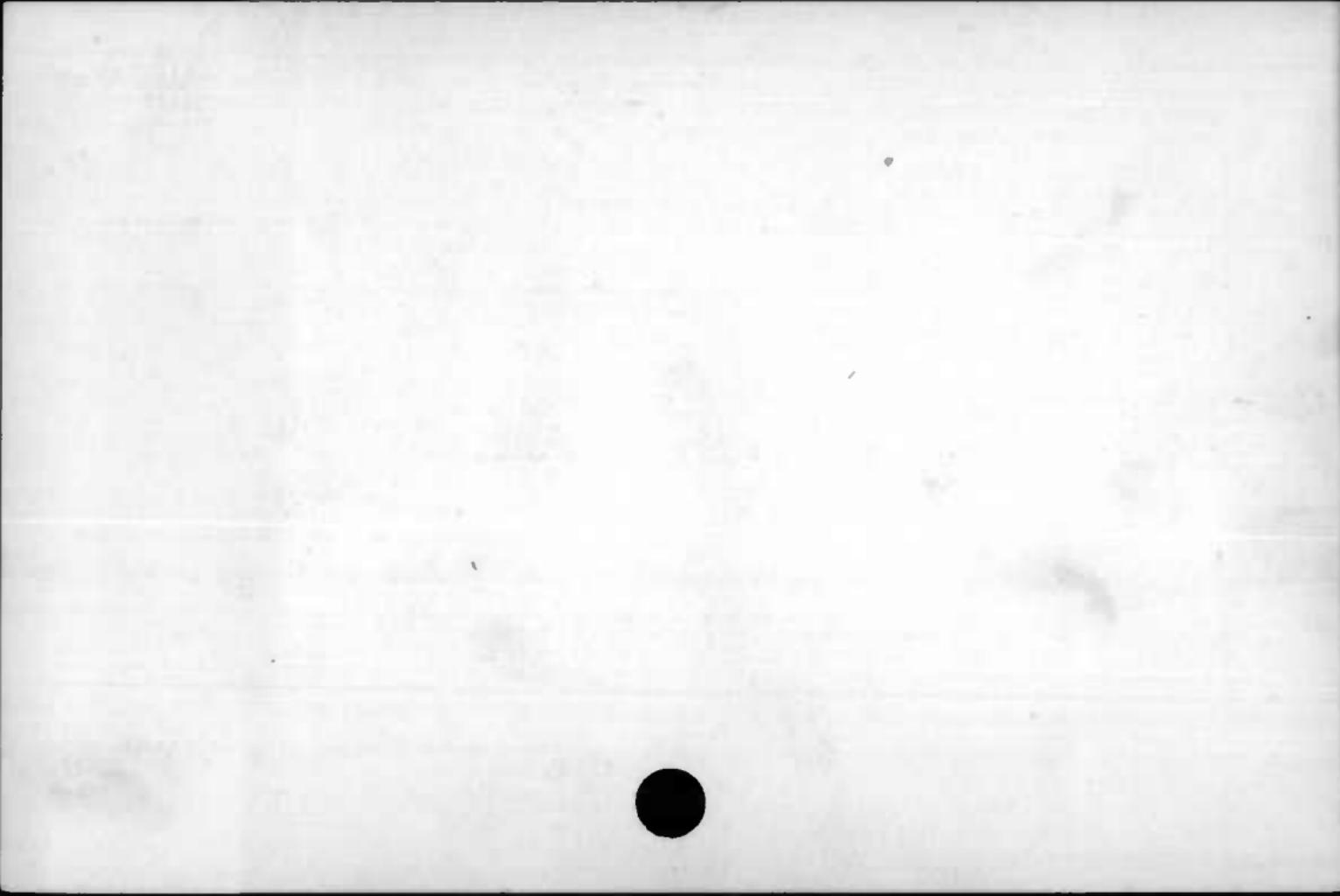
Died at		Town	County		MARYLAND	
Date of death	1907	Month July	Day 30	Years 30	Months	Days
Sex	Female	Color or Race	negro			
Occupation	House work		Where Residing if not at place of death Somerset County, N.C.			
Married, Single or Widowed	Married	Name of Wife or Husband	Charles Roberts			
Father's Name	Wiley Elzey		Somerset			
Mother's Maiden Name	Harriette Elzey		Somerset			
Name of person giving information	William Trout		How related to deceased Friend			

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	Dont know was		How long
Immediate	Dead when I saw her		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
yes		L. C. Roberts, M.D. Delaware Med	
Accident or Suicide?			



Name  
in  
Full

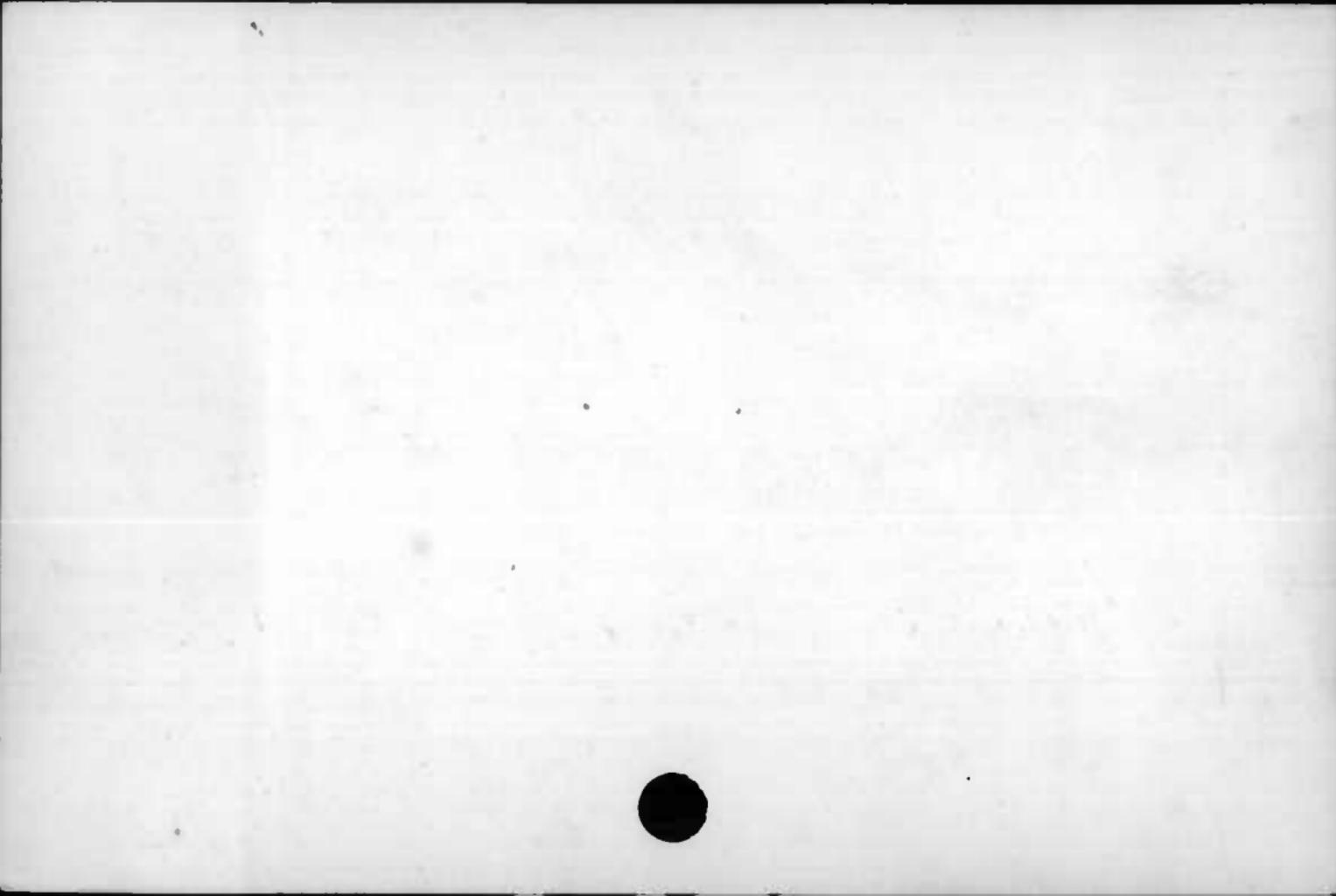
TO BE ANSWERED BY  
NEAREST FRIEND

Laura Virginia Roberts				CERTIFICATE OF DEATH			
Died at Salisbury		Town	County Wicomico		MARYLAND		
Date of death 1907	Month July	Day 1st	Age 44	Years	Months 3	Days 18	
Sex Female	Color or Race White	Birth-place Wicomico Co. Md.					
Occupation Housewife	Where Residing if not at place of death						
Married, Single or Widowed Married	Name of Wife or Husband William Augustus Roberts						
Father's Name Kendal Majors	Father's Birthplace Maryland						
Mother's Maiden Name Arilla Alpha	Mother's Birthplace "						
Name of person giving information Wm A. Roberts	How related to deceased Husband						

CAUSES OF DEATH

42

PHYSICIAN OR CORONER	Primary Intine Cancer	How long 1 year
	Immediate Septic Abortion	How long ys
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. M. Clegg
		Address Salisbury, Md.
Accident or Suicide? No		



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Laura, Sewell

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Died at	Mandela Springs	Wisconsin				
Date of death	1907 July	Month	Day	Years	Months	Days
Sex	Female	Color or Race	white	Age	35	
Occupation	Lady	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Geo P. Sewell			
Father's Name	John P. Sewell					
Mother's Maiden Name	Elizabeth, Robinson					
Name of person giving Information	Samuel, Gillis					
Father's Birthplace	Md					
Mother's Birthplace	Md					
How related to deceased	Father					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Dysentery

14

How long

4 days

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

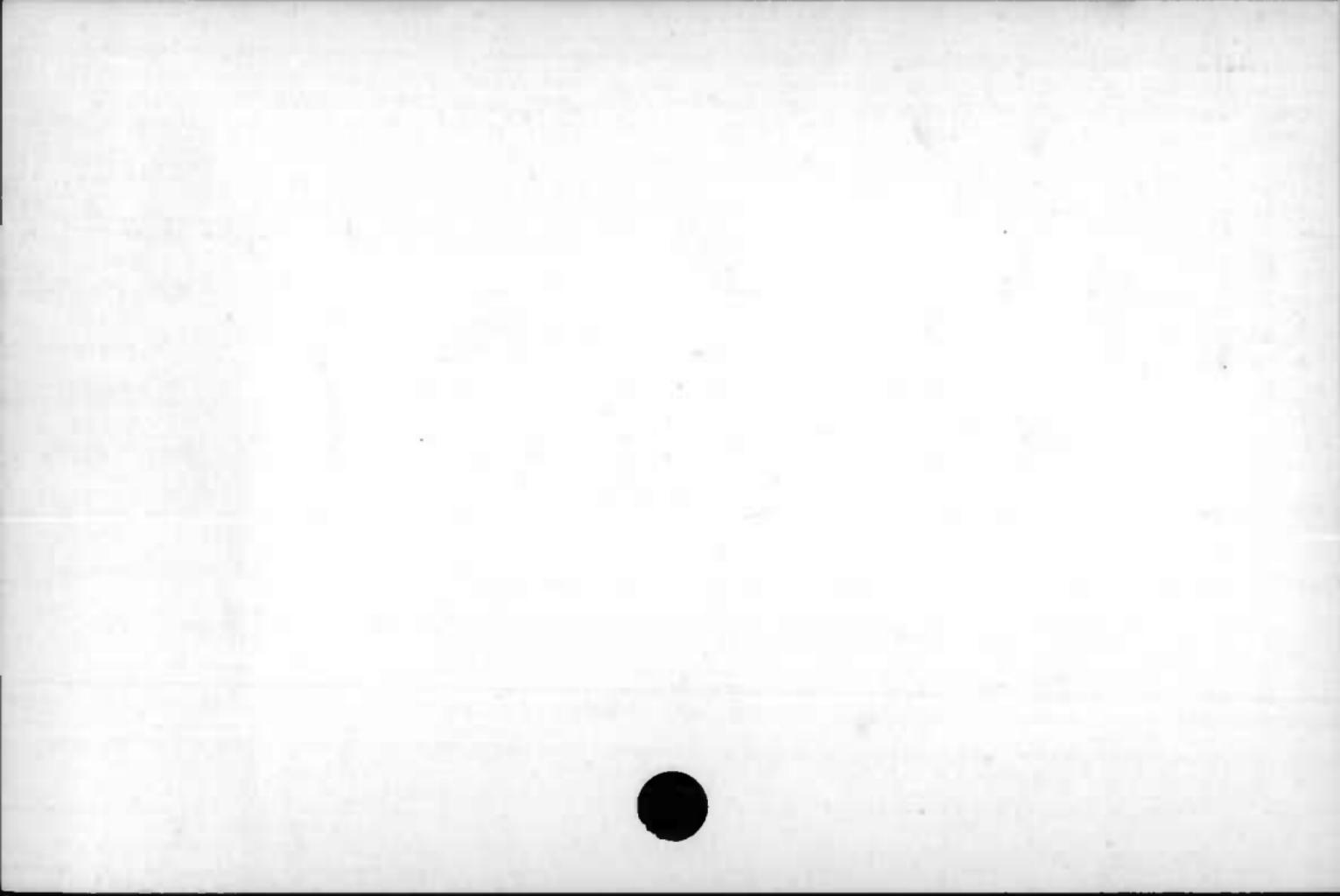
Signature of Physician

Louis A. Wilson

Address

Mandela Springs  
Md

Accident or Suicide?



TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

George Ward Sharp

Died at Salisbury

County

MARYLAND

Date of death 1907 Month July Day 20<sup>th</sup> Years 0 Months 9 Days 6

Sex Male

Color or Race

White

Birth-place

Harrington Del.

Occupation None

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Single

none

Father's Name

Father's Birthplace

Beniah Sharp

.. ..

Mother's Maiden Name

Mother's Birthplace

Willie M. Ward

.. ..

Name of person giving  
InformationHow related  
to deceased

Beniah Sharp

.. ..

## CAUSES OF DEATH

105

Primary

How long

Gastro-intestinal infection

2 weeks or more

Immediate

How long

Toxemic or brain complication

1 week

Are the name, age, sex, color, date,  
and place correctly given above?

yes

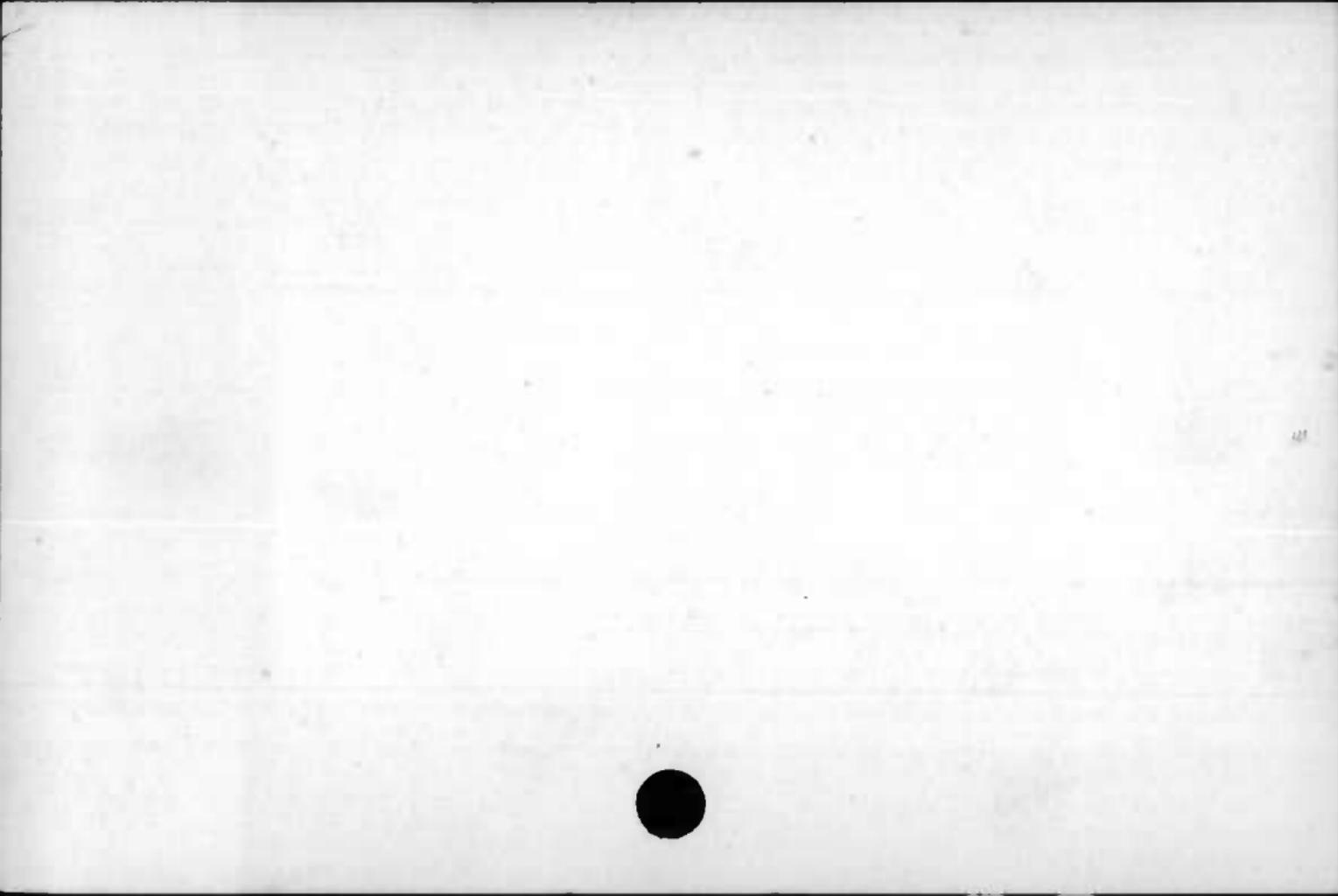
Signature of  
Physician

L. W. Wagoner M.D.

Address

Delaware M.D.

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>P. G. Hospital</u> <small>Town</small>		County <u>Wicomico</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>19</u>	Years <u>38</u>	Months <u>6</u>	Days <u>18</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Somerset Co., Md.</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>near Westover Somerset Co., Md.</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Slice Turpin</u>				
Father's Name <u>John W. Turpin Jr.</u>	Father's Birthplace <u>Somerset Co., Md.</u>				
Mother's Maiden Name <u>Leah J. Coston</u>	Mother's Birthplace <u>" " "</u>				
Name of person giving information <u>John W. Turpin Jr.</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bright's Disease, and Disease  
of Heart (Natural causes)

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

120

How long

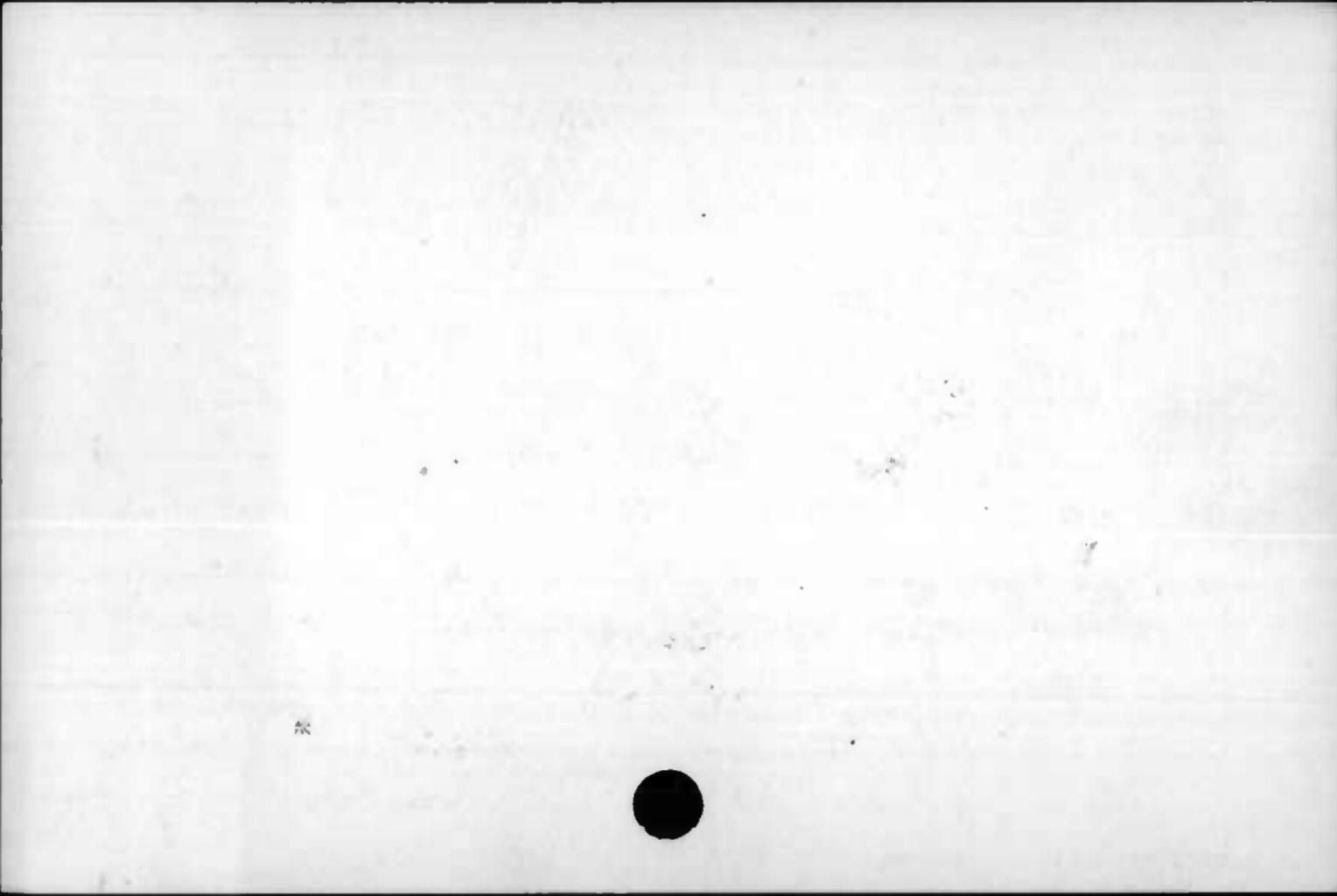
Did not know

How long

Did not know

Harry Clark  
Salisbury Md

Accident or Suicide?



Name  
in  
Full

Mammie J Walls

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month Day	Years	6	Months	21 Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Whoor Husband	Charles N Walls			
Father's Name	Robert Jones				
Mother's Maiden Name	Gwendolyn Townsend				
Name of person giving information	Charles N Walls				

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

27

Primary

Pulmonary tuberculosis

How long

14 days?

Immediate

Apoplexy

How long

Immediately

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

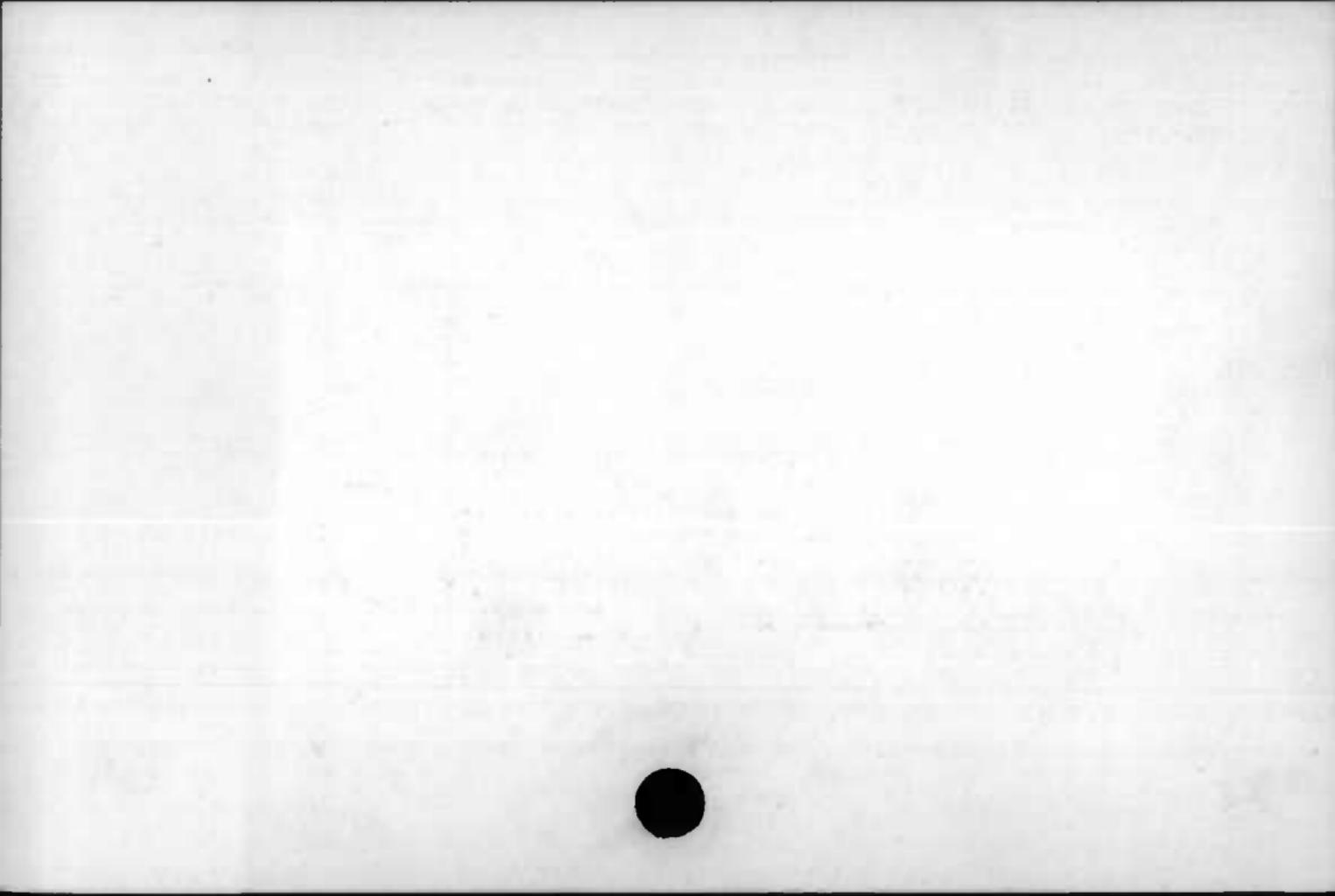
Address



Dr. A. J. Adair  
Salisbury, Md.

Accident or Suicide?





Name  
in  
Full

Infant one name - Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	near Salisbury	Wicomico	2	Months	Days
Date of death	1907	Month	3	Day	Years
Sex	Female	Color or Race	Black	Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Turnell Williams				
Mother's Maiden Name	Pearl Messick				
Name of person giving Information	Turnell Williams				
	Father				

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary Don't know - Looked fine just had some eruptive disease

How long

Don't

Immediate Don't know - Some sequel of eruptive disease I know

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

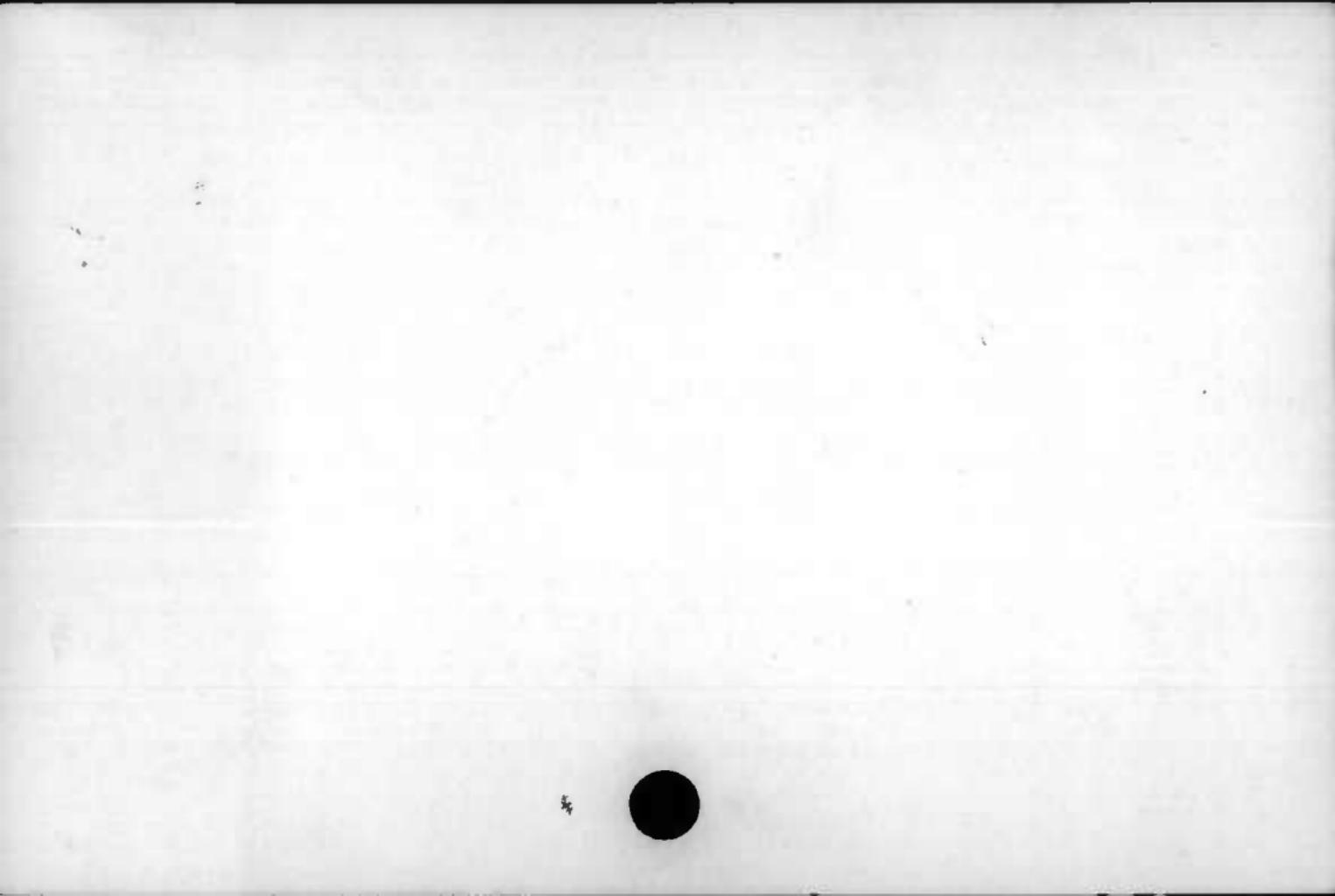
Signature of Physician

Address

Gov. W. Todd

Salisbury Md

Accident or Suicide?



Name  
in  
Full

No Name Williams

CERTIFICATE OF DEATH

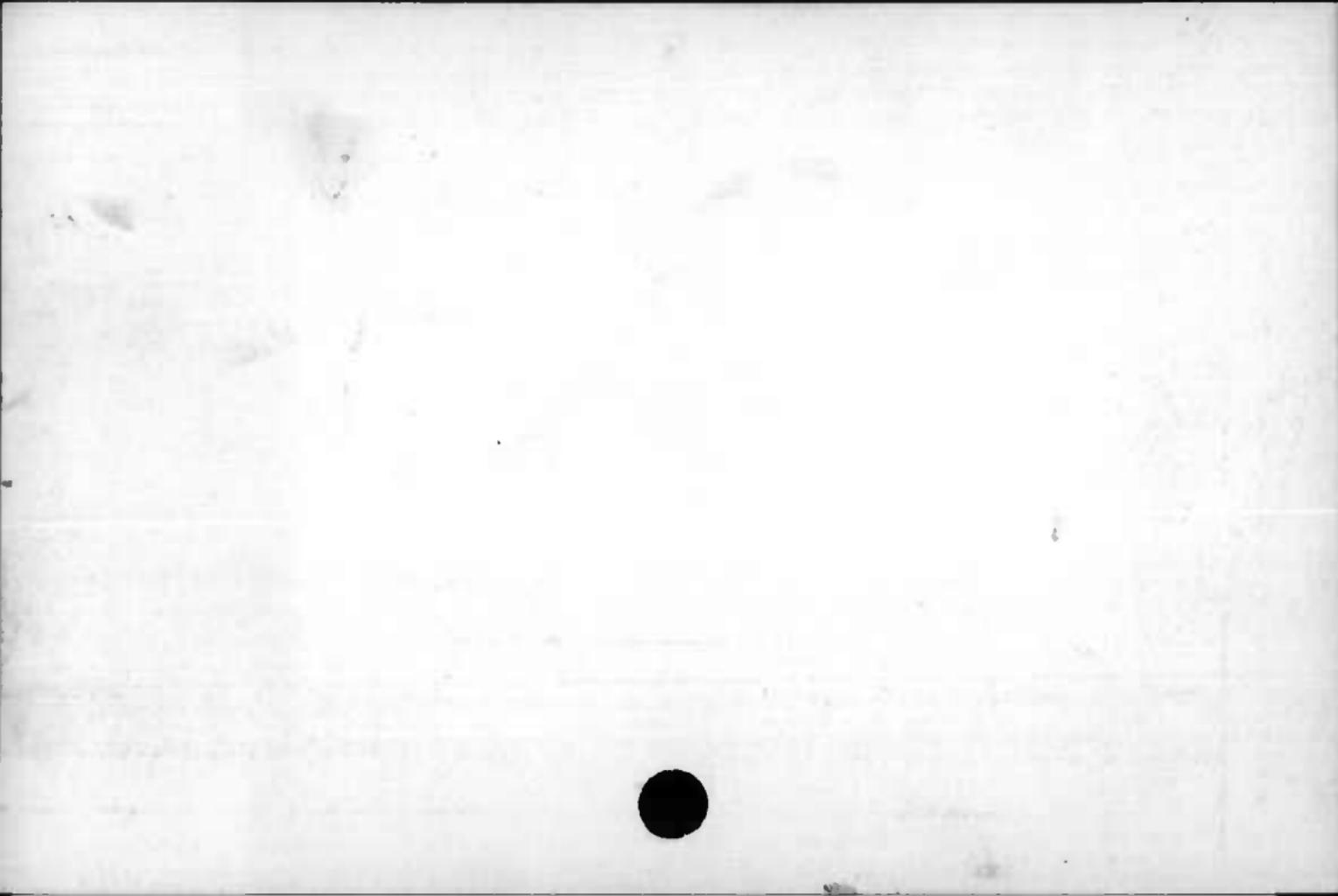
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1907	Month July	Day 9	Age 0	Years	Months 0	Days 0
Sex Male	Color or Race		Colored		Birth-place	Salisbury
Occupation none	Where Residing if not at place of death					Salisbury
Married, Single or Widowed	Name of Wife or Husband		/			
Father's Name	Sally Williams		S Father's Birthplace N.C.			
Mother's Maiden Name	Maggie Orkitt		Md Mother's Birthplace			
Name of person giving information	Father		How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Still Born		How long
Immediate	—		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	F. L. Gleasons M.D.
		Address	
Accident or Suicide?			

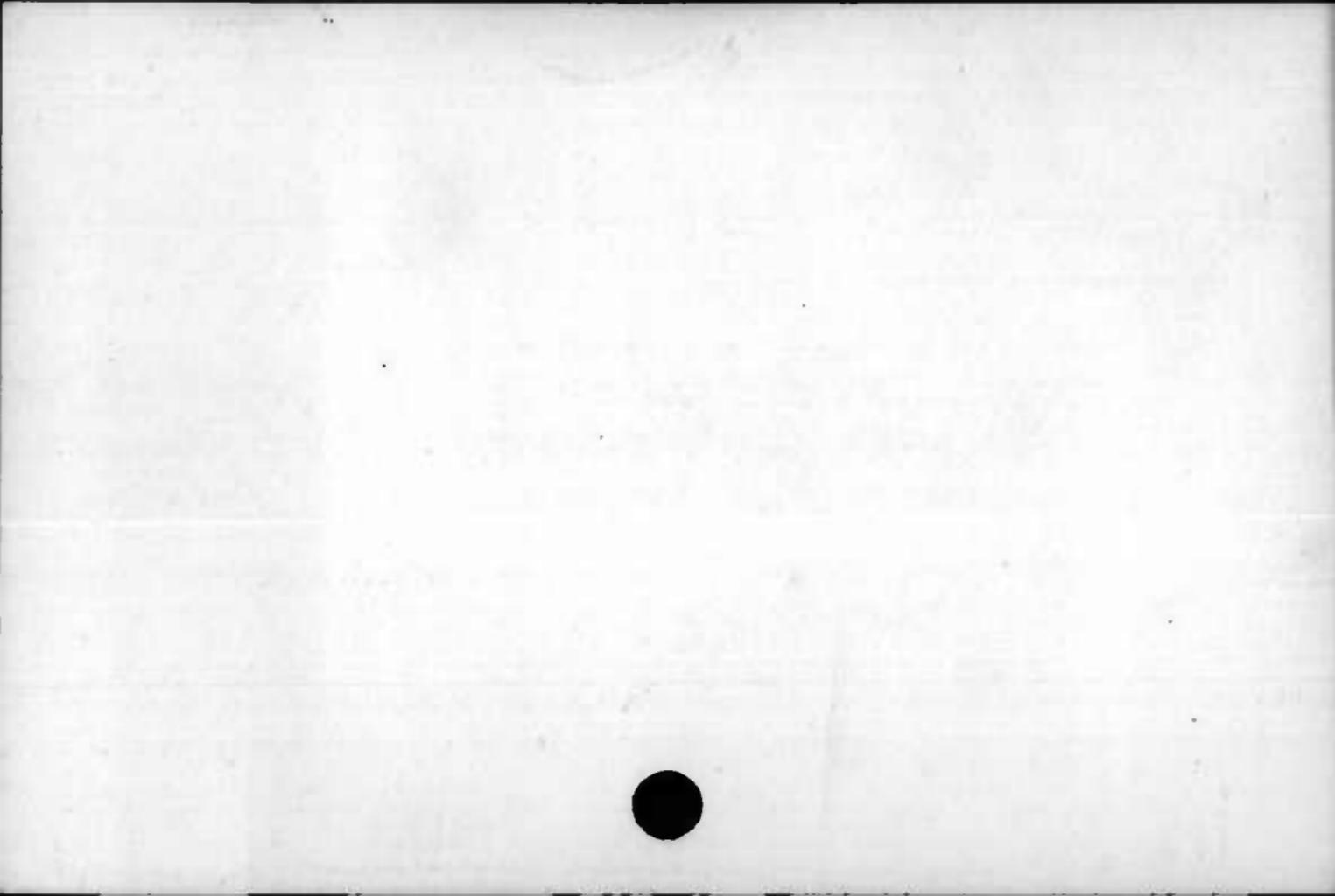


Name  
in  
FullTo BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Mildred, E.E. Williams				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Date of death 1907	Month	Day	Years	Months	Days	
Sex	Color or Race		Age	Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Name of Father			
Father's Name	John H. Williams		John H. Williams			
Mother's Maiden Name	Rebecca Le Breuenghien		Rebecca Le Breuenghien			
Name of person giving information	John H. Williams					

## CAUSES OF DEATH

Primary	Enterocolitis		105	How long
Immediate	Splenomegaly			How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	John McDrin
			Address	Salisbury, Md
Accident or Suicide?		22		



Name  
in  
Full

Silas H. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>New Sharptown</u>		County <u>Wicomico</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>26</u>	Years	Months <u>10</u>	Days <u>24</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Age <u>—</u>	Birthplace <u>New Sharptown</u>		
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Levin J. Wilson</u>	Father's Birthplace <u>Somerset Co</u>				
Mother's Maiden Name <u>Florence B. Hooper</u>	Mother's Birthplace <u>Baltimore</u>				
Name of person giving information <u>Levin J. Wilson</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <u>Diarrhoea</u>	How long <u>3 wks</u>
Immediate <u>Cholera Infantum</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician Address
Accident or Suicide?	<u>Dr. W. Gaffaney</u> <u>Sharptown</u> <u>Md.</u>

